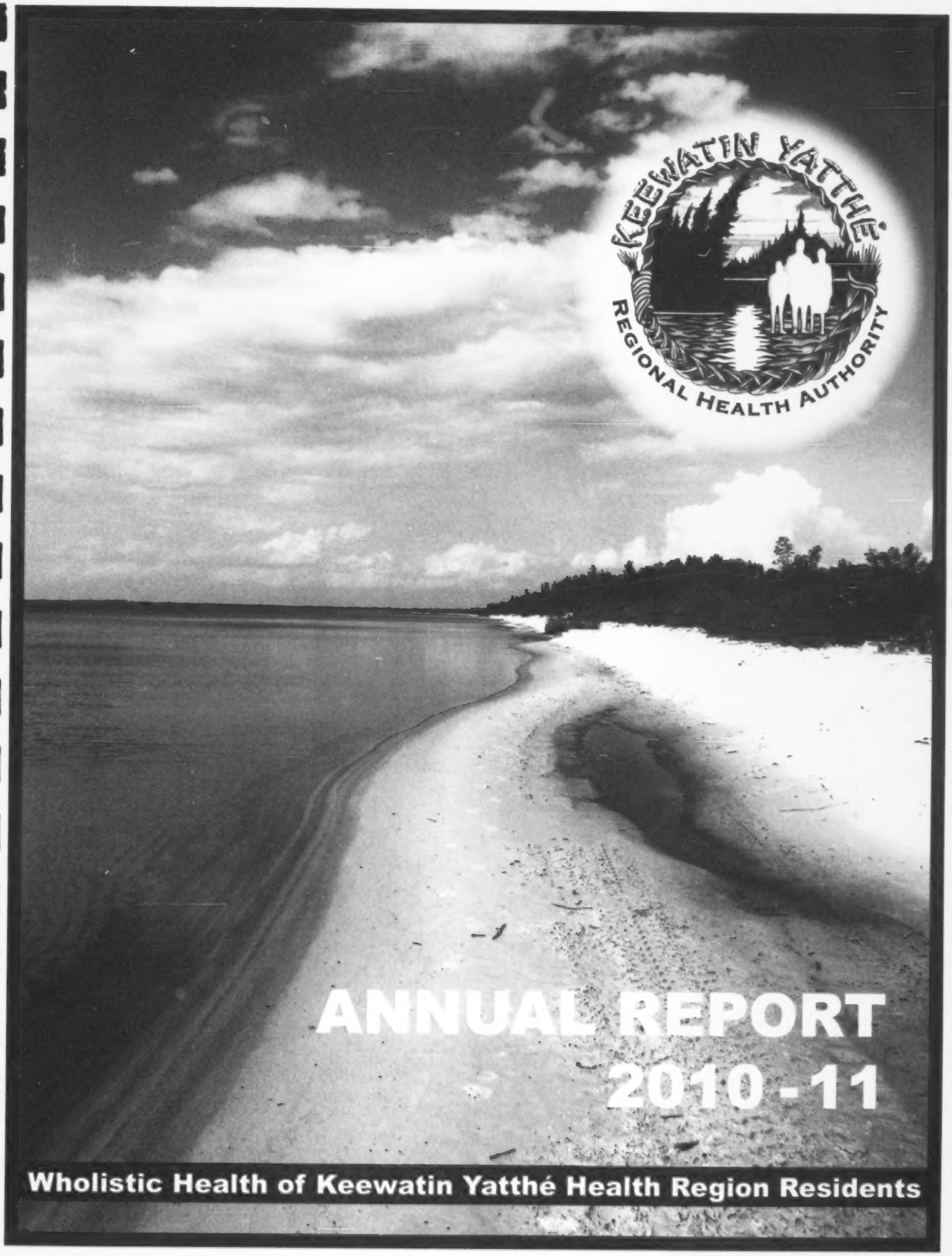

ANNUAL REPORT 2010-11

Wholistic Health of Keewatin Yatthé Health Region Residents

This report is available in electronic format (PDF)
online at www.kyrha.ca.

Keewatin Yatthé Regional Health Authority

Box 40, Buffalo Narrows, Saskatchewan S0M 0J0
Toll Free 1-866-274-8506 • Local (306) 235-2220 • Fax (306) 235-2229
www.kyrha.ca

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INTRODUCTION

Letter of Transmittal

To: Honourable Don McMorris
Minister of Health

Dear Minister McMorris,

The Keewatin Yatthé Regional Health Authority is pleased to provide you and the residents of our northwest Saskatchewan health region with the 2010-2011 annual report. This report provides our audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2011.

Having dedicated and committed employees, focused on the delivery of "Wholistic Health of Keewatin Yatthé Health Region Residents" on an ongoing basis, our successes have been numerous. None standout more than KYRHA once again meeting accreditation standards. Testament to the hard work of our accreditation teams as well as the abilities and commitment of our front line employees, health care delivery in our health region has been measured against and proven equal to national standards of quality care and service.

Much of our success has been forged through partnerships. The Northern Health Strategy (NHS) was an example of a partnership to address common health issues across the north and move the public agenda on community health forward. Although the NHS closed it doors in March 2011 and will be greatly missed, KYRHA will continue to work to build and strengthen new and existing partnerships in the interest of improving northern health outcomes.

Respectfully submitted,

Tina Rasmussen
Chairperson

Message from the Chief Executive Officer

The very best for our customers: our families and friends

SERVING THE PEOPLE of the Keewatin Yatthé Health Region to me means caring for my family and friends – people I have known all my life. The majority of RHA employees were also born and raised in this northern region, or have come from other lands and set roots in our communities. The communities of the Keewatin Yatthé Health Region are truly intricately connected, so what happens to one person, one family, one community, touches many lives throughout the region.

One of the foundational principles created by the regional health authority board of directors is that we will strive for excellence in our quality of care, in the quality of our workplace, and in the qualifications, skills, and attitudes of our staff. We will insist that our standards of care and range of services will not be less than any other health region in Saskatchewan and Canada.

This principle hits close to home for me, and I believe for the KYRHA team, because I know that we all want the best for our loved ones.

The communities of the Keewatin Yatthé Health Region are truly intricately connected, so what happens to one person, one family, one community, touches many lives throughout the region.

Richard Petit

The work that we have been able to do in 2010-11 reflects our commitment to excellence and quality of service to the people of the Keewatin Yatthé Health Region. I want to take this opportunity to acknowledge the commitment and dedication of our employees in achieving these recognized accomplishments, and for those who consistently serve in ways that may not always be visible to others. Without such faithful service delivered every day and throughout some pretty challenging situations, Keewatin Yatthé would not have been able to continue to grow and improve as it has this past year.

It is my pleasure to provide the following highlights of some of our accomplishments and work towards excellence in 2010-11:

- Successful completion of our second accreditation survey in March 2011;
- Successful completion of three Lean initiatives through the support of the Ministry of Health. The initiatives were targeted to improve efficiencies and patient safety in our region: review and implementation of future state targets for the client concern handling process (two events), and transportation of medical equipment for

sterilization reprocessing. In addition to these three events, the RHA also began review of two other processes: the human resources hiring process, and the intake process for the Mental Health and Addictions programs;

- Successful completion of targets set by the 2010 -11 Strategic and Operational Directions for the Health Sector in Saskatchewan, exceeding targets in the following areas:
  - ◊ Achieving third highest ranking amongst health regions in compliance with infection prevention and control as well as reprocessing and sterilization standards;
  - ◊ Addressing wage-driven premium and sick time hours through implementation of an Attendance Management and Support program;
  - ◊ Orienting 93 per cent of all FTEs to new service delivery expectation through the development of an Enhanced General Staff Orientation program;
  - ◊ Completing a leadership commitment to the Quality as a Business Strategy program through Health Quality Council.

The board also embarked on an in-depth review of the health region's strategic plan, developing a plan well aligned with Ministry of Health expectations. The updated plan will provide guidance for this next year as we continue to address the health disparities specific to the north and to our region.

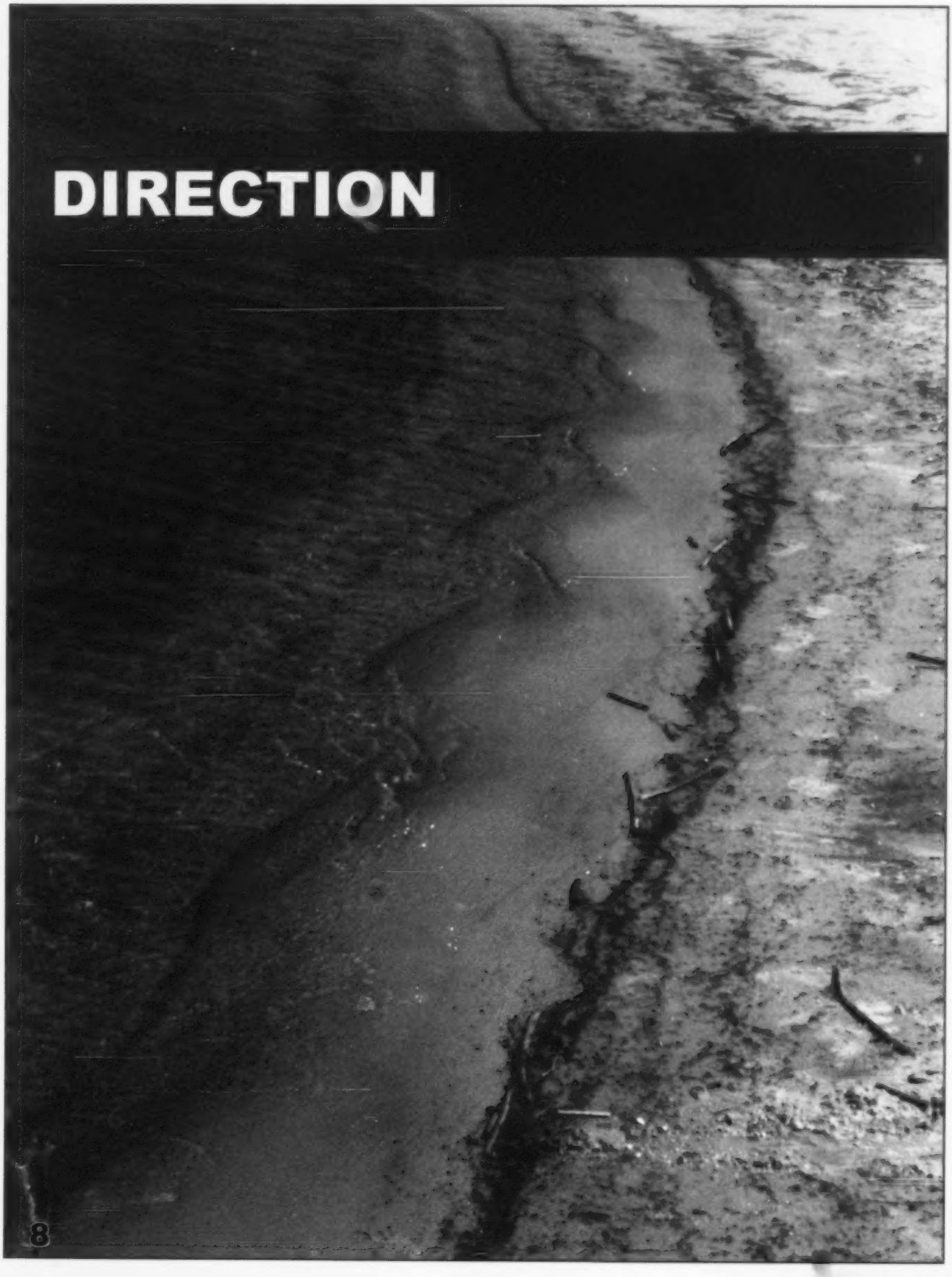
I also had the opportunity to travel to Alaska with a contingent of Saskatchewan health leaders to observe operations of the Southcentral Foundation, a Native-owned, nonprofit health care organization serving nearly 60,000 Alaska Native and American Indian people living in the Anchorage Service Unit. Through this experience, I saw first hand an example of an organization with humble beginnings, aimed for excellence – not for the status of it, but because they cared so much for their people and for their future generations. This innovative organization provides service that honours the culture and traditions of the population served. This is the heart of health care to me – delivering service respectful of customers.

Keewatin Yatthé has come a long way as an organization and will continue to work towards continuous quality improvements.

Sincerely,

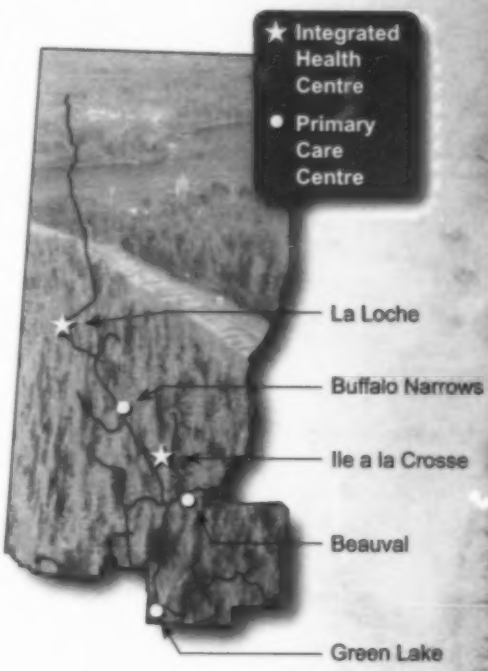
Richard Petit

Richard Petit
Chief Executive Officer


DIRECTION

Keewatin Yatthé Health Region

AMIDST A GEOGRAPHIC LANDSCAPE of boreal forests and plentiful lakes covering almost one quarter of the province, the Keewatin Yatthé Regional Health Authority administers a customer-oriented health care delivery system focused on the wholistic health and well being of regional residents living in communities scattered across northwest Saskatchewan.



Mandate

Ultimately, we are all accountable to the Creator for our actions, with our spiritual development contingent upon the relationship between the individual and the Creator. Within this context, the Keewatin Yatthé Regional Health Authority's mandate comes from:

- *Legislation*
  – relevant federal and provincial acts and statutes
- *Ministry of Health*
  – policies and procedures
- *Community*
  – priority issues defined by community
- *Partnerships*
  – developed and maintained by the regional health authority

Mission

The Wholistic Health of Keewatin Yatthé Region Residents

Spelled with a "w" to emphasize "whole," wholistic is a state of completeness in which people meet their own needs and live to their full potential.

Wholistic health is:

- *Inclusive* – Individual, family, community, region and the world at large
- *Balanced* – Physical, mental, emotional and spiritual wellness
- *Shared* – The health of the person is tied to the health of the family and the health of the community – and, in turn, the health of the community and the family is tied to the health of the person
- *Responsible* – Taking responsibility for one's own health. Responsible individuals can make better health decisions for themselves and their families, and can participate more fully in community
- *Focused* – Looking at the heart of the issue. Asking why is it I, my family and my community are unhealthy?
- *Unified* – Only one option: working together

Principles

We believe adults are responsible for their own health – supported by extended family and local community. To assist individuals, families and communities to develop the knowledge, skills, abilities and resources to carry out this responsibility, the Keewatin Yatthé Regional Health Authority will act in accordance with the following principles:

- Show respect as a foundation for working together
- Focus on healthy communities by emphasizing those factors that build healthy individuals and families
- Focus on healing in our own lives and in the lives of individuals, families and communities in our region
- Recognize in our programs, services and activities that a significant component of wholistic healing is the healing of our spiritual lives, and will support individual and family approaches to spiritual healing
- Strive to create an attitude of responsibility and self-reliance in our people, our families and our communities
- Support, strengthen and build upon the skills, knowledge and energy of our board, our staff and the people of the region so that we can work together towards our full health potential
- Build on strengths, transform weaknesses and not violate our potential
- Strive to meet the needs of our people in our decisions, programs and activities
- Encourage and support healing initiatives of our people, families and local communities
- Support community caring and traditional strengths in programs and activities
- Utilize the skills, talents and abilities of local people as much as possible in all initiatives, programs and activities
- Build on our existing community-based services
- Strive for excellence in our quality of care, in the quality of our workplace and in the qualifications, skills and attitudes of our staff
- Remain committed to the continuing development and enhancement of a Northern Health Strategy in cooperation with our northern health partners that enhance outcomes for people at the local level

Jr. Winter Games "Trappers"

Organizational Values

The Keewatin Yatthé Regional Health Authority maintains and promotes respect as a primary organizational value and building block for the successful achievement of our wholistic health goals and objectives. By reflecting organizational values in daily actions, Keewatin Yatthé's 350 employees create a healthy work environment which is the starting point for delivery of best care and services to residents of the region.

Our values:

- *Mutual respect* — reflecting high regard for the unique abilities, talents, feelings and opinions of others

- *Personal integrity* — undertaking one's duties and responsibilities openly, respectfully and honestly
- *Self-belief and courage* — meeting challenges with confident ability, taking responsibility for doing what needs to be done with courage and conviction
- *Collaborative working* — building productive relationships with coworkers and stakeholders
- *Accountability* — taking ownership in achieving desired results
- *Empathy and compassion* — practising non-judgmental listening and support that reflects caring and sensitivity in interactions with colleagues, patients, stakeholders and residents
- *Honesty and trust* — being straight-forward, open and truthful, taking full responsibility for one's actions

Community Priorities

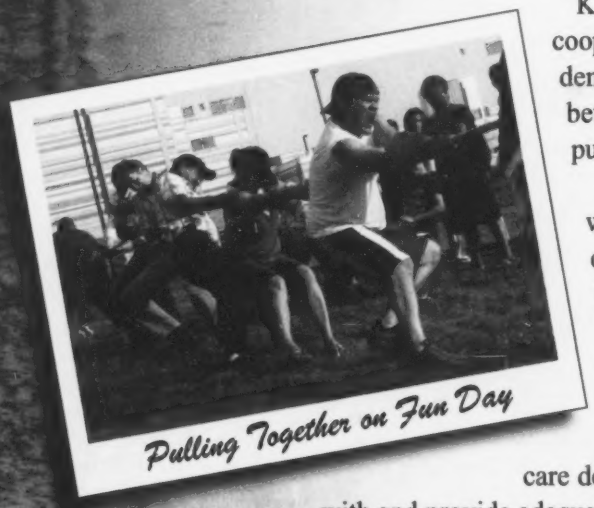
Within the scope of our mandate, mission and principles, issues-driven community-indentified priorities have shaped the strategic direction of the Keewatin Yatthé Regional Health Authority. These priorities fall into four areas:

- *Community healing* – including community denial or unwillingness to face problems as well as reluctance to take action, to identify issues, to develop and implement solutions; to volunteer; lack of trust in the community; issues of violence, poverty, housing and teen pregnancy
- *Individual and family healing* – including parents unable to care for and nurture children, high levels of family breakdown and the decline of the family unit; lack of respect between generations; reliance on health workers to provide what should be self-care
- *Program planning and implementation* – including incidence of diabetes and complications from the disease; sexually transmitted infections; mental health and addictions; retention of medical health professional services; support for the elderly; information and emphasis on spiritual wellness
- *Existing activities and service outcomes* – including need to empower people to take responsibility for their own health as opposed to creating dependence; greater focus of wholistic healing; greater team work between service providers; jurisdictional issues between treaty and non-treaty people, and among health services across the north; lack of understanding of the role of the board of directors

Strategic Direction in Context

As a health region, Keewatin Yatthé can't address broad community issues alone, but can and will assume leadership roles when these issues fall within the health authority mandate. KYRHA will support other agencies to take leadership roles in initiatives that lead to individual, family and community healing.

The Keewatin Yatthé Regional Health Authority remains committed to a community approach to delivery of services, and will target resources to this end. KYRHA will also assist others to identify resources that will contribute to healthy communities and will take action to support policies that contribute to enhanced population health.



Pulling Together on Fun Day

Keewatin Yatthé will continue to support and participate in cooperative initiatives with other health service agencies, as demonstrated by the comanagement partnership arrangement between northern health regions for the efficient delivery of public health services in the north.

In the operation of services and programs, KYRHA will take action to "re-power" individuals, families and communities to take responsibility for their own wholistic health. Moreover, and in keeping with the Ministry of Health's Strategic Operational Directions for the Health Sector in Saskatchewan, the Keewatin Yatthé Regional Health Authority will continue to improve its programs and services, with a focus on patient first, quality health care delivery, so that these services and programs are consistent with and provide adequate support to the re-powerment process.

Mission Alignment

Maintaining the health region's strategic direction requires cohesive operations across the organization and ongoing mission alignment to ensure that everything done in the organization is consistent with mission. Through the mission alignment process KYRHA ensures employees have the skill and experience needed to work effectively and efficiently as a team.

Strategic Operational Directions for the Health Sector

The goals and objectives of the Keewatin Yatthé Health Region are consistent with the broad provincial goals for the health system as outlined by the SOD.

Five Pillars of Health Care

- **Health of the Individual**
  - ◊ Improve the individual experience by providing exceptional care and service to customers consistent with best practice and customer expectations
  - ◊ Achieve timely access to evidence-based and quality health services and supports
  - ◊ Continuously improve health care safety in partnership with patients and families
- **Health of the Population**
  - ◊ Improve population health through health promotion, protection and disease prevention
  - ◊ Collaborate with communities, other ministries and different levels of government to close the gap in health disparities

- **Providers**
  - ◊ Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices
  - ◊ Work together to create safe, supportive and quality workplaces
  - ◊ Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers
- **Sustainability**
  - ◊ Achieve best value for money while improving the patient experience and population health
  - ◊ Improve transparency and accountability through measurement and reporting
  - ◊ Strategically invest in facilities, equipment and information infrastructure to effectively support operations
- **Supportive Processes**
  - ◊ Benchmark and model world-class high-performing health systems
  - ◊ Achieve system-wide performance improvement and culture of quality through adoption of Lean and quality improvement methodologies
  - ◊ Leverage technology to achieve improvements in patient care and system performance

Factors, Opportunities, Threats and Trends

Canadian Triage and Acuity System

Groundwork was laid for the Canadian Triage and Acuity System to be piloted at the La Loche Health Centre in 2011-12. A tool for meeting patient needs for timely and appropriate care, CTAS will also allow measurement of time frames of patient presentation to the emergency department and physician assessment and management. An opportunity exists for the education of clients and staff on best ways to utilize and provide service.

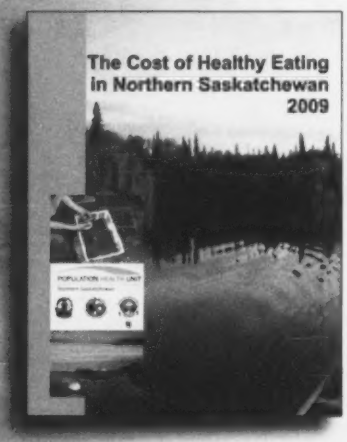
Collaboration

KYRHA collaborated with the Saskatoon health region to train staff in Transferring, Lifting, Repositioning (TLR) and Professional Assault Response Training (PART). For KYRHA, sharing expertise among health regions is a cost effective alternative to hiring outside consultants.

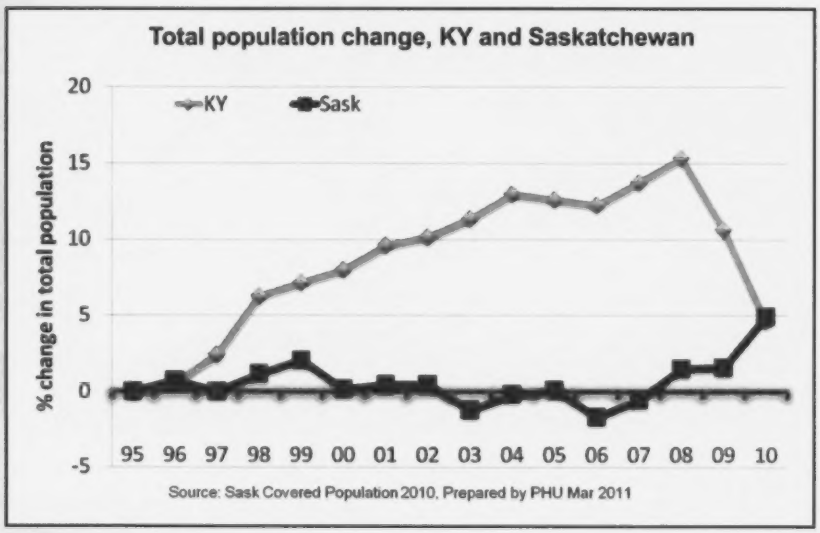
Competition for resources

With high demand for health professionals, staff recruitment and retention remains a challenge. To improve retention, an enhanced interview guide and process was developed to ensure candidates have appropriate technical competencies as well as suitability to northern living. Accommodation continues to be a challenge with communities in the region having limited housing availability. The RHA continues to work with communities to find creative ways to address shortages. KY has invested much time and resources to recruit and train internationally educated health professionals, but the turn-over rate is quite high with many seeking employment in other RHA's in larger communities after only a short time in the region.

Cost of Healthy Eating in Northern Saskatchewan



Produced by the Population Health Unit, the Cost of Healthy Eating in Northern Saskatchewan report (released in the fourth quarter) reaffirms that where a person lives can impact access and cost of healthy foods. Random food costing done for the report revealed a nutritious food basket costing $185 in a large city in the south cost $257 in the northwest – a nearly 40 per cent cost difference. Food cost, however, is only a part of the larger issue of food security, which is the need for all people at all times to have the physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. Knowing food cost can help address food security in our communities, through an assessment of how affordable food is for people and follow-up development of appropriate health, nutrition and social policies. As with so many other issues in the north, collaboration is essential for long-term, sustainable solutions.



Demographic change

After years of steady increase, the health region's population appears to be decreasing.

- Keewatin Yatthé health region population increased by 15.4 per cent between 1995 and 2008, but has since decreased to be 4.6 per cent above 1995 values in 2010 (though recent changes in data validation may be affecting totals).
- In 2010, 29.8 per cent of the KY population was less than 15 years of age

People self-identifying as Aboriginal, continue to represent the majority of Keewatin Yatthé population (93.9 per cent).

Executive changes

The makeup of the KYRHA senior management team changed 50 per cent with a new executive directors, one permanent for Finance and Infrastructure and one acting for Community Development.

Lean

Lean sessions, mapping the value chain from current to future state, helped create more efficient customer-first thinking across the health region. These sessions engaged staff, generating a more thorough understanding of the processes being examined, as well as a greater appreciation for how customers see the end product or result of these processes. Lean is more than a tool for doing more with less, Lean is a tool for seeing what we do through the eyes of our customers.

Out-of-province hiring

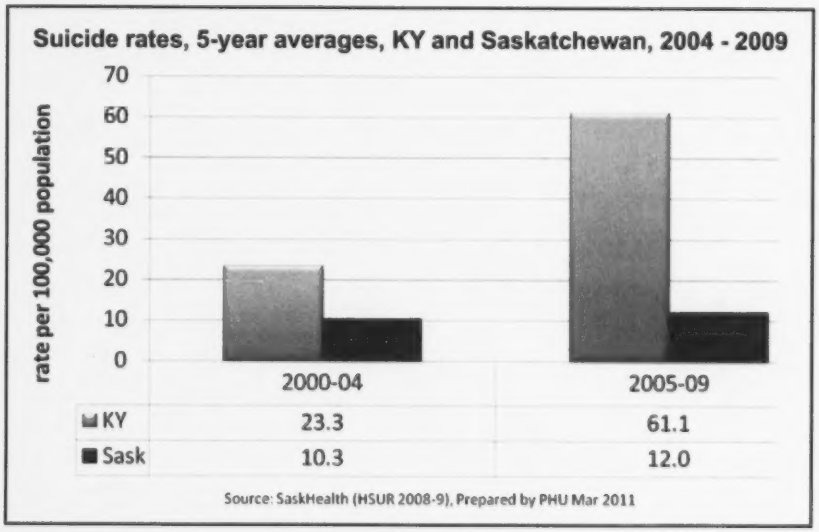
The need to fill vacancies with out-of-province candidates continues to add complexity to the recruiting process including additional requirements such as licence transfers, labour market opinions and work permits.

Shared services

A collaborative effort by all RHAs and the Saskatchewan Cancer Agency to achieve best value for money while allocating more resources to direct patient care, the Shared Services Project will continue to reduce costs and duplication in administrative areas such as IT and materials management.

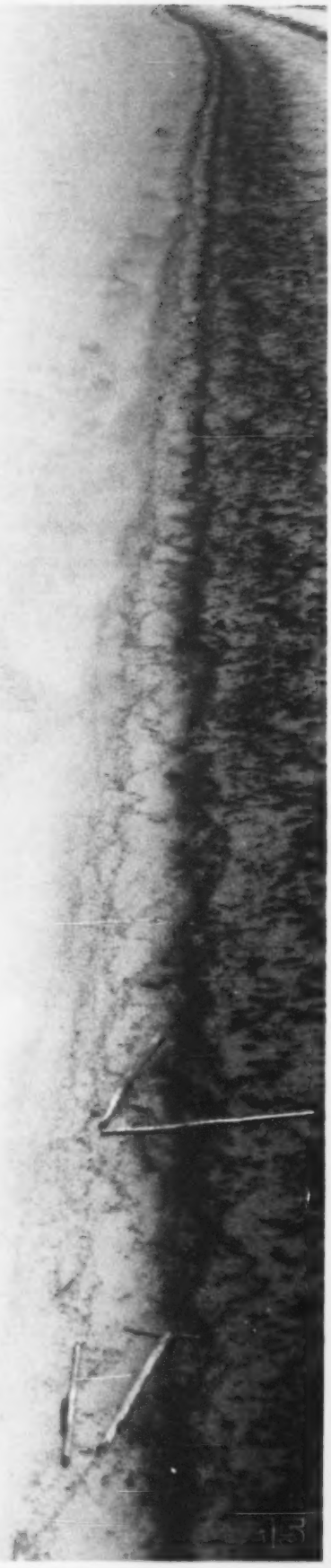
Staff shortages

Nurse and physician shortages continue to affect scheduling and client services.



Suicide

Suicide attempts continue to pose a risk to the well being of region residents. KYRHA staff worked to reduce risks providing appropriate suicide prevention assistance: training (ASIST / SafeTALK), intervention and postvention supports. (ASIST: Applied Suicide Intervention Skills Training, risk recognition and intervention techniques for caregivers; SafeTALK: suicide alertness for community members, recognizing persons with thoughts of suicide and connecting them to intervention resources.)



Technology

The Pharmaceutical Information Program, now running in the region, will be a powerful tool in the medication reconciliation process.

Online reporting (available to the CEO and executive directors prior to 2011-12 budget process) will give managers access to expense lines and will aid correct coding of entries.

The eventual roll-out of Win-CIS (an admission, discharge and transfer program) will be the foundation for electronic medical records. Having Win-CIS in place will facilitate the use of RIS-PAC (radiology information system) for the transfer of diagnostic images electronically. Technology implementation, however, is no simple feat or easy task, requiring appropriate training time for staff, and often extra staffing (to convert paper records to electronic).

Palmbere Outdoor Youth Conference

Youth engagement

KYRHA began a strengths-based, resiliency-themed pilot project, Thriving Youth, Thriving Communities, in the fall of 2010. As a component of TYTC, youth will engage in "PhotoVoice" explorations of health-related impacts in their community, taking photographs, discussing them, developing narratives to go with their photos, then looking to conduct outreach or other actions. The hope is to influence policy and decisions makers to improve conditions by making changes at the community level. With 40 per cent of the Keewatin Yatthé population under age 20 in 2010, this hope is both an important opportunity and critical trend in need of development.

New Visions

Southcentral Foundation tour

A delegation of Saskatchewan health and municipal leaders, including Keewatin Yatthé CEO Richard Petit and board member Barbara Flett, journeyed to Alaska in early 2011 to study innovation in health care delivery.

The study tour of the Southcentral Foundation in Anchorage was arranged in preparation for improvements to primary health care prompted by Saskatchewan's Patient First Review. SCF is a Native-owned, non-profit health care organization that serves a widely dispersed urban and rural population using innovative, collaborative approaches.

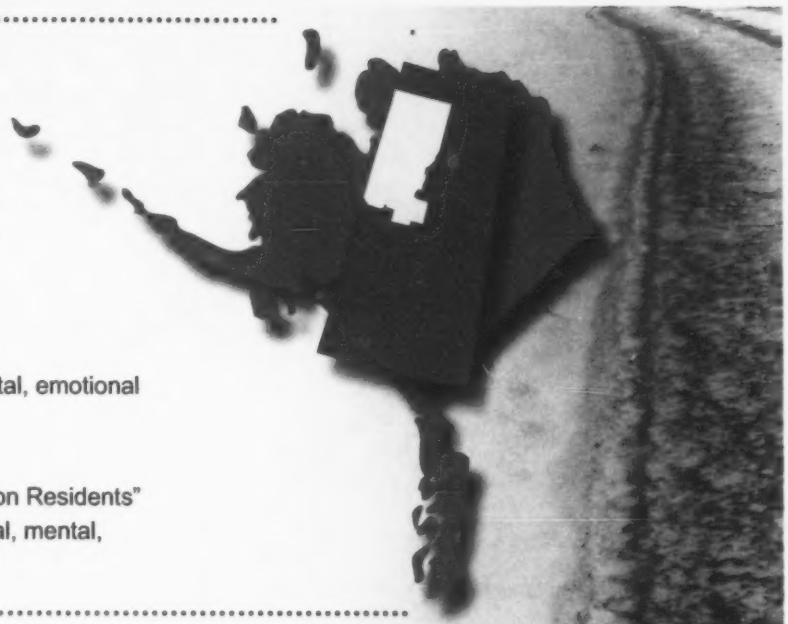
> **They changed the focus from patients to customer owners.**
>
> Richard Petit

Over three full 8-to-5 days the delegation discovered how and why an "inefficient" health care system was transformed to "better meet the needs, values and priorities of the community."

"They changed the practice to be about the human beings that needed service," said Petit. "They changed the focus from patients to customer owners.

"It's the customer – not the provider or the health system – who controls the outcomes."

KY - SK - AK



Population

KY 12,000 (2009)
SK 1,045,000 (2010)
AK 698,500 (2009)

Visions

Southcentral Foundation

A Native Community that enjoys physical, mental, emotional and spiritual wellness

Keewatin Yatthé RHA

"The Wholistic Health of Keewatin Yatthé Region Residents"
"Wholistic" includes the concepts of physical, mental, emotional and spiritual wellness

The customer decides whether to pick up the medicine the provider prescribes, whether to take it as prescribed, whether to split it in half so it last longer or whether to stop taking it in a few days.

The customer decides whether to exercise, what to eat, whether to drink – and the customer is responsible for his or her decisions.

To help customers drive everything, 10 different strategies are used to listen to customer needs.

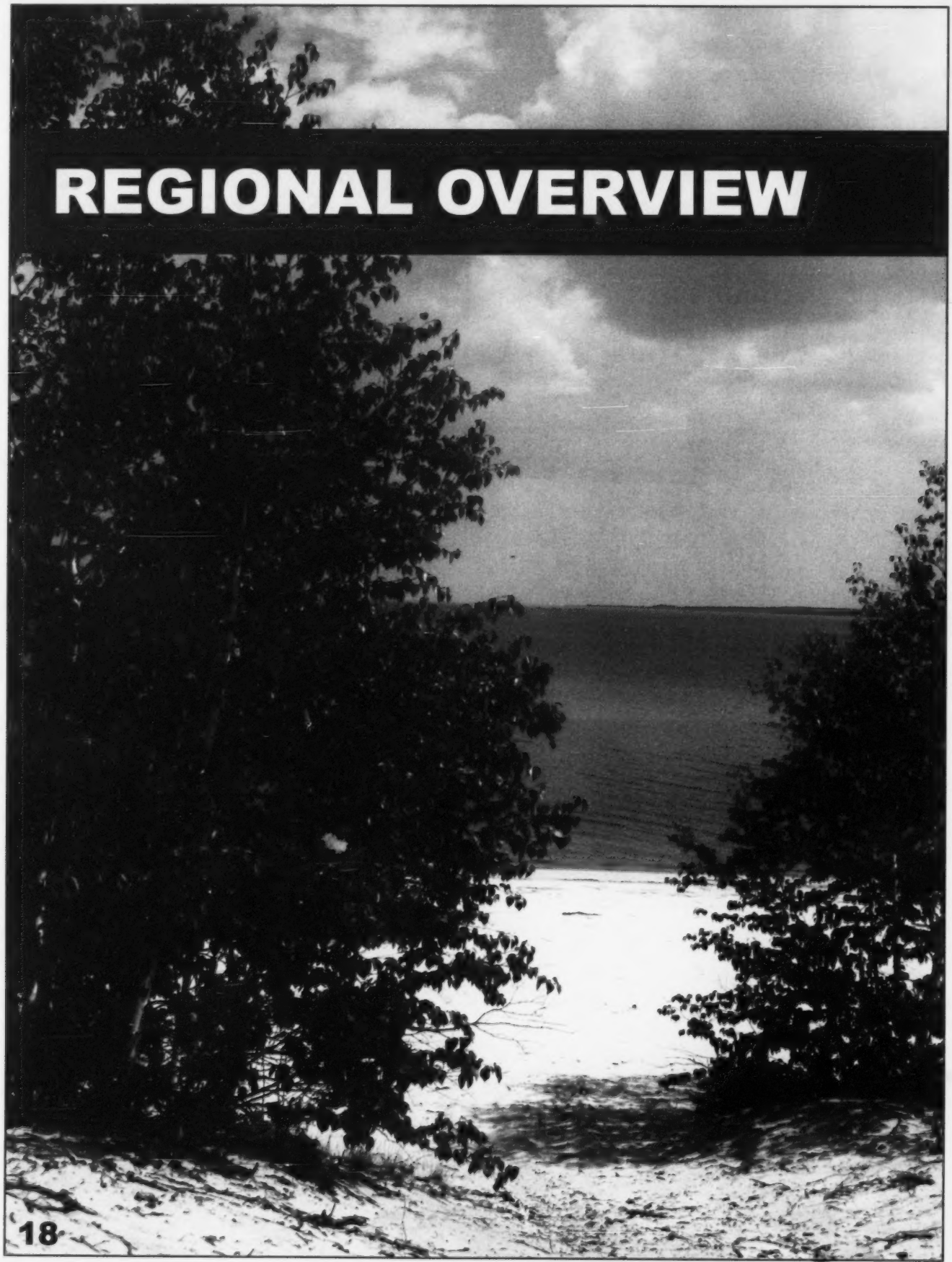
"They have named some of their exam rooms 'Talk Rooms,' " said Petit.

Based on the core concept that customers deserve a health care team they know and trust, small integrated primary care teams not only deliver care to customers, but forge strong relationships with customers. Teams includes a primary care physician, one or two medical assistants/ LPNs, a nurse who coordinates care, an administrative assistant and a behaviourist. Teams only see 1,200 customers.

Southcentral Foundation Dental Care

Another SCF core concept is that customers shouldn't face barriers when seeking care. To that end, customers receive same day access to care. They can also phone or e-mail their physicians.

REGIONAL OVERVIEW

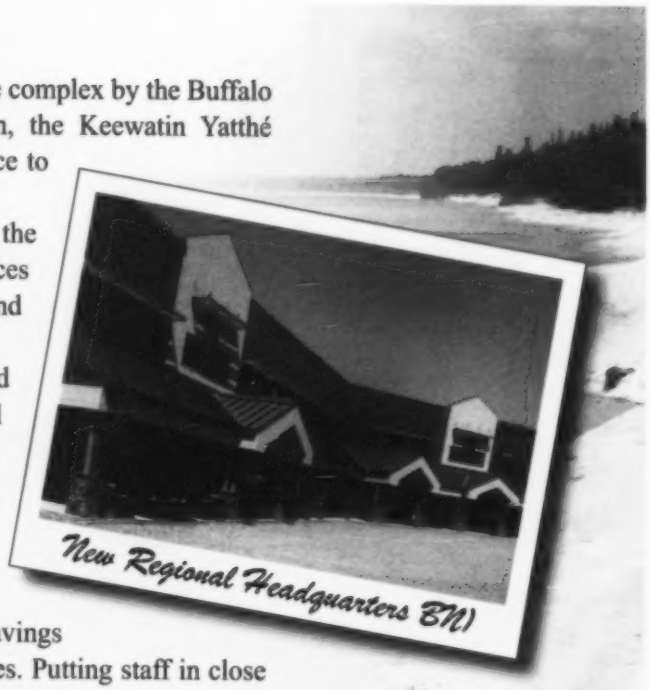


New Regional Headquarters

WITH THE BUILDING of a new, modern office complex by the Buffalo Narrows Economic Development Corporation, the Keewatin Yatthé health region secured 7,200 square feet of space to upgrade its regional headquarters.

On October 21, 2010 staff housed in four locations, the Parish Hall, Kiyenawa Centre, the former Corporate Offices and the Buffalo Narrows Health Clinic, moved to the second floor of the new facility at 1491 Pederson Ave.

Departments gaining improved work space included communications, human resources, payroll and mental health and addictions. Health service providers also gained a new home, including the diabetes educator, dietitian, nutritionist and nurse educator.


New Regional Headquarters BN

Upgrading the quality of workspace for staff as well as the corporate image of the RHA within the region, the move bringing staff together in one location offers cost savings and work efficiencies over maintaining multiple work sites. Putting staff in close proximity to one another enhances information flow and processing, allowing staff to work more efficiently and improve service to region residents.

Facilities, Programs and Services

KYRHA offers quality health care programs and services to region residents through three types of health service centres: two integrated health centres (Ile a la Crosse and La Loche), three primary care centres (Beauval, Buffalo Narrows and Green Lake) as well as six outreach and education sites (Cole Bay, Jans Bay, Michel Village, Patuanak, St. Georges Hill and Turnor Lake).

Integrated Health Centres

Keewatin Yatthé RHA integrated facilities provide a full range of modern health care programs and services. Key services provided at the St. Joseph's Health Centre, Ile a la Crosse, and the La Loche Health Centre, La Loche include:

- Emergency care
- Acute care
- X-ray and lab
- Physician/medical health clinic
- Public health clinic
- Home care
- Long term care
- Inpatient social detox
- Mental health and addictions
- Community outreach and education worker
- Dental therapist
- Physical therapy (Ile a la Crosse based)
- Community health development programs

Primary Care Clinics

KYRHA primary care clinics offer around-the-clock registered nurse on-call coverage and emergency medical services (EMS).

Beauval

- Primary care clinic services to Beauval and surrounding communities.
- Physicians services (two days a week)
- Full-time primary care registered nurses
- Full-time public health nurse
- Home care licensed practical nurse
- Special care/home health aids
- Community mental health registered nurse
- Dental therapist
- Addictions councilor
- Emergency medical services
- Community outreach and education worker
- Community health development programs

Long Term Care Staff

Buffalo Narrows

- Primary care clinic services to Buffalo Narrows and surrounding communities
- Physicians services (four days a week)
- Full-time primary care registered nurses
- Home care licensed practical nurse
- Special care/home health aids
- Full-time public health nurse
- Emergency medical services
- Community outreach and education worker
- Dental therapist
- Addictions counselor
- Mental health therapist
- Medical transportation
- Community health development programs

Green Lake

- Full-time registered nurse/public health and home care nurse
- Community outreach and education worker
- Home care coordinator

Outreach and Education Sites

Outreach and education workers provide service to the communities of Cole Bay, Jans Bay, Michel Village, Patuanak, St. Georges Hill and Turnor Lake, promoting individual, family and community health through a variety of programs and workshops. People in the community are helped to understand and make use of health services and clinics, as well as advised of available health resources and benefits.

Programs

Addictions counseling education

Client eduction on the effects of alcohol and drug abuse. Programs include one-on-one counseling, follow-up support and home visits.

Community diabetic education

Counseling for diabetics and those at risk of developing diabetes as well as prevention through education.

Community outreach and education

Help to understand and make use of community health services and clinics, as well as to know what health resources and benefits are available.

Dental clinic

Provides and promotes dental care; primary teeth extraction, cavities and fillings. Open to children up to the age of 17.

Dietitian

One-on-one diet counseling and prevention of diseases through education.

EMS

24-hour emergency services.

Home care services

Services to ensure the best possible quality of life for people with varying degrees of short and long-term illness or disability and support needs; including palliative, supportive and acute care.

Mental health therapy

Services and interventions for individuals, families, groups and communities experiencing significant distress or dysfunction related to cumulative stress, situational difficulties or difficulties related to biochemical disorders.

Nutritionist

One-on-one nutrition counseling; prevention of diseases through education.

Public health nursing

Pre/post natal care, immunizations, school programs and health teaching.

Public health inspection

Assessment and monitoring of health regulations.

Travel coordination

Travel arrangements for patients seeing specialists who have no other means of access.

Health Impacts

Dependency ratio

- In 2007, Keewatin Yatthé Regional Health Authority, as well as the Mamawetan Churchill River Regional Health Authority and the Athabasca Health Authority had the highest "dependency ratio" of all other health regions in Canada, comparing the number of youth under 20 and elders over 65 years of age with the "working" population of 20-64 years. Regions with high dependency ratios indicate economically stressed areas.
- The "working" age group, 20 to 65, represented just over half (53.3 per cent) of the Keewatin Yatthé population in 2010.

Determinants of health (Non-medical)

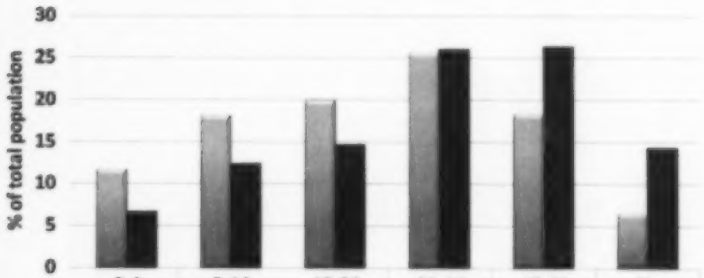
- KYRHA off-reserve children aged 17 years and under (32.4 per cent) are almost twice as likely to live in poverty compared to the province (18 per cent).
- Less than 45 per cent of the KY population aged 25-29 years are high school graduates compared to 80 per cent for the province.
- The median before-tax income of people living in KY is $13,823 which is $10,000 less than the provincial median.
- KY has almost four times the proportion of dwellings requiring major repair and seven times the rate of crowding, having more than one person per room, compared to the province.

Chronic diseases

- Between 2002-03 and 2006-07 there have been an average of 69 new individuals diagnosed with diabetes each year in KY.
- Between 1998-2002 and 2003-07 the five-year average age-standard lung cancer mortality rate remained relatively unchanged in northern females while decreasing in northern males. Northern rates remain significantly higher than their provincial counterparts. This highlights the need for tobacco reduction strategies as off-reserve northern smoking rates in 2007-08 were over 30 per cent in males and close to 50 per cent in females aged 12 and over.

Dependency

Population by age group, KY and Saskatchewan

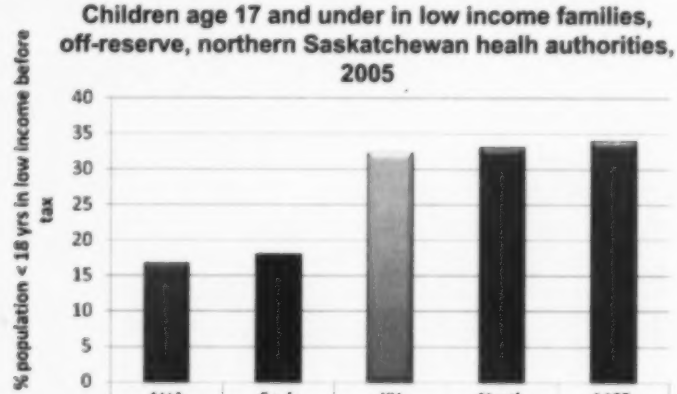


	0-4	5-14	15-24	25-44	45-64	65+
KY	11.7	18.1	19.9	25.6	18.3	6.4
Sask	6.6	12.3	14.6	26.0	26.3	14.2

Source: Sask Covered Population 2010, Prepared by PHU Mar 2011

Determinants

Children age 17 and under in low income families, off-reserve, northern Saskatchewan healh authorities, 2005

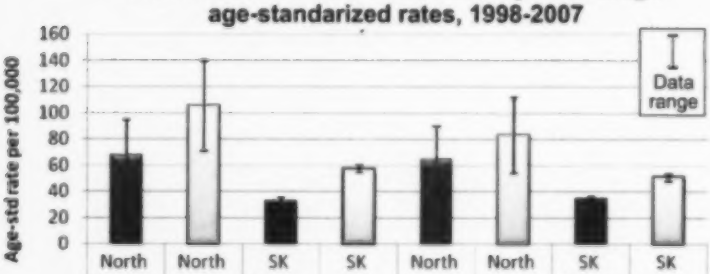


	AHA	Sask	KY	North	MCR
Low income	16.7	17.9	32.4	33	34

Source: Census 2006, Prepared by PHU July 2008 (Div. 18 was used as NorthSask)

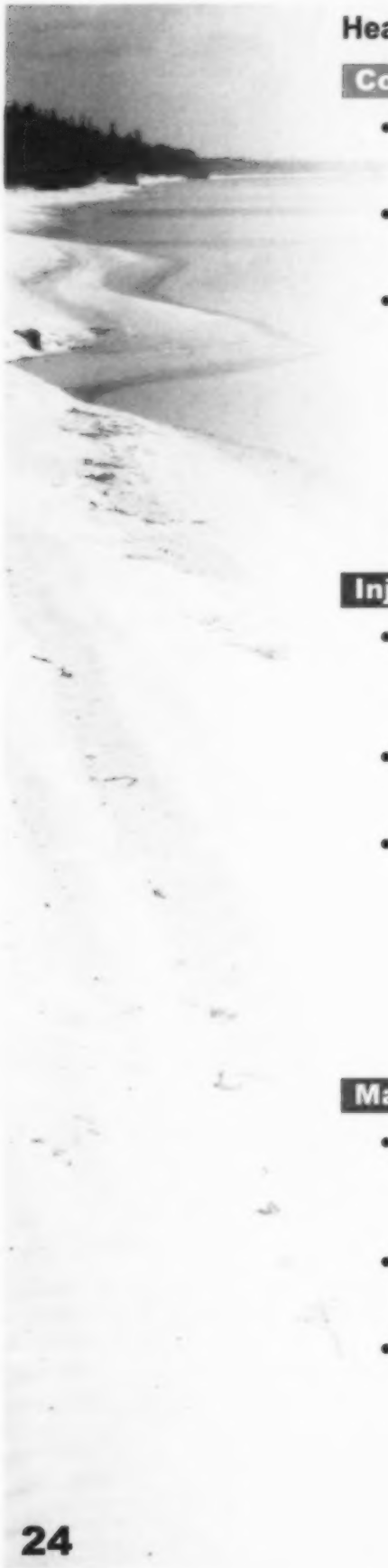
Chronic disease

Trends in mortality rates for lung cancer by sex, North Sask and Saskatchewan, 5-year average age-standarized rates, 1998-2007



	North female	North male	SK female	SK male	North female	North male	SK female	SK male
	1998-2002				2003-2007			
Age-std rate	67.8	105.3	32.8	57.3	64.5	83.1	34.5	50.8

Source: SCA 2010, Prepared by PHU Aug, 2010



Health Impacts (continued)

Communicable dieases

- The 2008 estimated crude rate of Chlamydia in Keewatin Yatthé was close to six times the provincial rate.
- Between 2005 and 2008 the estimated crude Hepatitis C rate in northern Saskatchewan was on average twice the provincial rate.
- The five-year overall crude rate for diarrheal diseases in northern Saskatchewan has decreased by 70 per cent between 1999-2003 and 2005-09.

Injuries

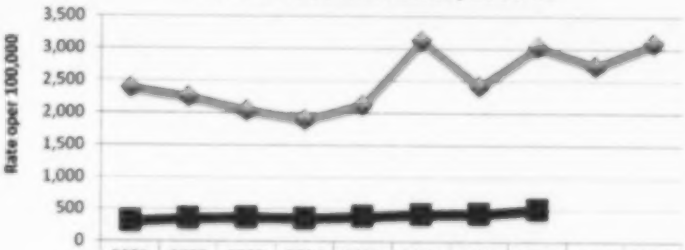
- Injuries accounted for 21.9 per cent of deaths and were the leading cause of premature deaths in the Keewatin Yatthé health region between 1998-2007
- A KY child under 19 years of age is over 1.5 times as likely to die from an injury than their provincial counterpart
- Two in three deaths from traffic collisions are due to a drinking driver in northern Saskatchewan, almost 1.8 times the provincial rate.

Maternal / Child health

- The KYRHA crude birth rate has remained relatively stable over the past decade and in 2007 was 23.4 births per 1,000 population, almost double the provincial rate.
- The 2008-09 KY teen pregnancy rate of 137.3 pregnancies per 1,000 females aged 15-19 years is 2.8 times the provincial rate.
- Infant mortality rates in northern Saskatchewan have been gradually decreasing over the past several decades but remain over 1.6 times the provincial rate.

Communicable

Estimated crude Chlamydia rate, KY and Saskatchewan, 2001-10

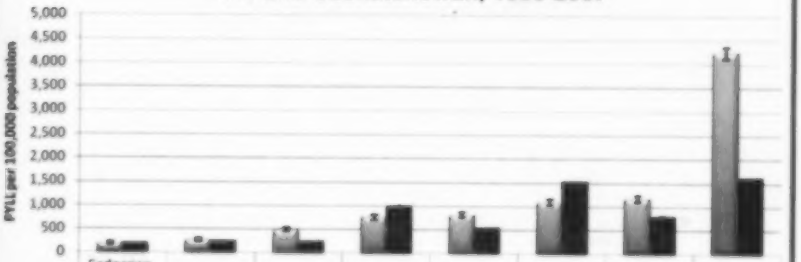


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
KY	2,389	2,252	2,041	1,898	2,132	3,134	2,424	3,041	2,741	3,098
Sask	317	363	377	363	393	431	440	512		

Source: PHAC and PHU, Preapred by PHU Feb 2011

Injuries

Premature deaths by causes, 10-year average, KY and Saskatchewan, 1998-2007

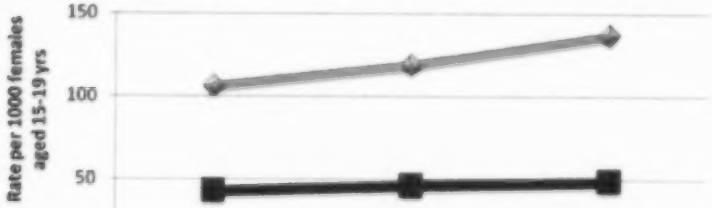


	Endocrine, nutritional & metabolic	Respiratory	Nervous system	Circulatory	Other*	Cancers	Unknown	Injury
KY	184.15	261.64	486.81	750.28	810.44	1078.47	1162.33	4234.55
Sask	181.6	230.61	232.38	962.14	528.32	1493.83	776.04	1587.38

Source: SaskHealth (Vital Stats) 2009, Prepared by PHU Sept 2009 (* Other includes Digestive, Genitourinary, Mental and behavioural disorders, and Signs, symptoms and abnormal clinical and laboratory findings not elsewhere classified).

Maternal / Child

Teen pregnancy rates, females age 15-19 years, 2-year averages, KY and Saskatchewan, 2004-05 to 2008-09



	2004-05	2006-07	2008-09
KY	106.5	119.2	137.3
Sask	42.9	46.2	48.8

Source: SaskHealth HSUR 2008-9 Reports. Prepared by PHU Mar 2011

Key Partners

Population Health Unit, Northern Saskatchewan

The Population Health Unit provides public health and population health services to the three northern health authorities, Athabasca Health Authority, Keewatin Yatthé Regional Health Authority and Mamawetan Churchill River Regional Health Authority, under a comanagement agreement.

PHU staff includes medical health officers, communicable disease/immunization nurse, dental health educator, environmental health manager and six public health inspectors, infection prevention and control coordinator, nurse epidemiologist, public health nurse specialist, public health nutritionist, director and support staff. A prenatal nutrition coordinator and population health promotion coordinator provided additional service in 2010-11.

The Population Health Unit has roles and responsibilities within the three northern health authorities for:

- Health protection and disease control and prevention;
- Health surveillance and health status reporting;
- Liaison, consultation and advice;
- Population and public health program planning and evaluation;
- Population health promotion (advocacy for healthy public policy, community development, health education).

Highlights for 2010-11

- Support to develop board-approved plans for:
  - ◊ ensuring compliance with CSA and Accreditation Canada Standards for infection prevention and control,
  - ◊ immunization coverage improvement;
- Participation and support for the social marketing working group of the provincial Tobacco Control Strategy;
- Support to the northern health authorities for north-wide NEP initiatives, and participation in the provincial HIV Strategy;
- Participation in the development of Panorama for the province;
- Improvement in public health inspection rates across the north;
- Production of a Northern Food Cost Report, as a supplement to the 2009 provincial report;
- Participation in the environmental health assessment of several potential developments or decommissioning projects.

Northern Medical Services

Northern Medical Services works with Keewatin Yatthé and northern health regions, tribal councils, communities, health-related organizations and government to improve the health and well being of northern residents. NMS provides medical services from prevention and primary care through to itinerant specialists with access to secondary and tertiary services.

Northern Medical Services serves KYRHA with two different models of care. La Loche is served by six full-time equivalent physician positions each contributing 26 weeks of service per annum. These are itinerant services, with travel to outlying clinics. KY provides a duty vehicle for weekly clinics serving Birch Narrows and Turnor Lake. The health region also provides clinic space, support and accommodations, while Northern Medical Services is responsible for recruitment, continuity of service, reimbursement and travel. Ile a la Crosse is served by six full-time equivalent salaried positions and an NMS clinic with six administrative staff. Itinerant services are provided by either duty vehicles or planes to Beauval, Buffalo Narrows, Dillon and Patuanak.

Website: www.northerndocs.com

Northern Health Strategy

"Improving the health of northerners by working together," the Northern Health Strategy has created opportunities for northern partners to discuss cross-jurisdictional issues that have created barriers that have often caught clients between agencies. Through opportunities for discussion, recommendations have been put forward in areas of chronic disease, mental health and addictions, community development and oral health.

Members of the Northern Health Strategy:

- Athabasca Heath Authority
- Health Canada First Nations, Inuit and Aboriginal Health
- Kelsey Trail Health Region
- Lac La Ronge Indian Band
- Mamawetan Churchill River Health Region
- Meadow Lake Tribal Council
- Northern Medical Services
- Peter Ballantyne Cree Nation
- Population Health Unit, Northern Saskatchewan
- Prince Albert Grand Council
- Saskatchewan Health
- The Keewatin Yatthé Regional Health Authority
- The Northern Inter-Tribal Health Authority

As the 2010-11 fiscal year drew to a close, the Northern Health Strategy prepared to close its office in Prince Albert.

Health Care Organizations

Health care organizations, for-profit and non-profit, receive funding from regional health authorities to provide health services. Two such organizations provide services within KYRHA:

- Meadow Lake Tribal Council provides after hour nursing coverage for adjacent communities;
- Ile a la Crosse Friendship Centre runs the Successful Mother's Program that helps give children the best possible start in life.

Governance and Transparency

The Keewatin Yatthé Regional Health Authority is responsible for planning, organization, delivery and evaluation of health services within the region. Direction is set through the strategic plan, aligned with the overall provincial direction, and is monitored through monthly meetings with management and the public.

Deputy Minister Florizone Visits KY

Leadership is provided by an eight-member board of directors, with members from across the region. The health authority has no formal committees, with all discussion occurring with the entire board in attendance. Board committees, if required, are established on an ad hoc basis to deal with specific issues as they arise.

The chief executive officer reports directly to the board and is responsible for establishing, recommending, and monitoring all operations under the KYRHA.

Working closely with the CEO, the senior management team is comprised of executive directors responsible for primary health, community health development, finance and infrastructure, and corporate services.

KYRHA maintains its commitment to transparency through:

- Open public board meetings, advertised in appropriate media; board notes sharing formal discussion points and resolutions made during board meetings are made available both internally and externally
- Meetings with community leaders to discuss community issues and concerns
- Newsletters, news releases, public service announcements and website to enhance awareness of RHA activities
- Annual reports available to the public upon request; on the KYRHA website, through career fairs, key partnership meetings and regional presentations
- Interagency meetings attendance by managers, coordinators and front-line service providers to gain insight into community issues and to be involved in a team approach to community healing
- Programs, clinics and special days to give individuals in attendance an opportunity to participate in activities in their own community that focus on health promotion and disease prevention initiatives
- Participation in regional partnerships
- Commitment to provide individual requests for information in a timely manner
- Commitment to open and timely communication to regional taxi operators about allocation of medical trips for clients
- Provision of a payee disclosure list as requested by the Ministry of Health
- Availability of policies in all regional facilities to the general public at their request:

  (1) Representative workforce strategy is in the Human Resources Policy
  (2) Hiring processes are detailed in the Collective Bargaining Agreement and Human Resources Policy

Leadership

The Keewatin Yatthé board of directors sets the region's strategic direction, monitors its progress and is accountable for the organization's overall performance.

Having previously served as "acting chair," Tina Rasmussen was appointed board chair, while Duane Favel became vice-chair.

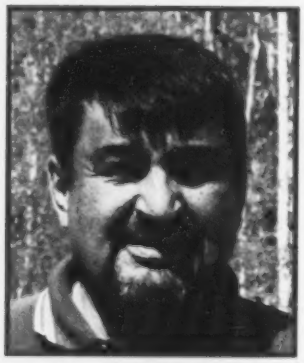
Two new board members were appointed:

- Kenneth T. Iron, Canoe Lake
- Bruce Rueling, La Loche

Tina Rasmussen
Chair, Green Lake

Duane Favel
Vice-chair, Ile a la Crosse

Gloria Apesis
Patuanak



Elmer Campbell
Dillon

Barbara Flett
Ile a la Crosse

Kenneth T. Iron
Canoe Lake

Bruce Rueling
La Loche

Robert Woods
Buffalo Narrows

Staff Achievement

Staff Recognition Awards

Keewatin Yatthé Regional Health Authority recognized 40 employees for their commitment and dedication to the health and well being of regional residents with Staff Recognition Awards marking five, 10, 15 and 20 years of service (to December 31, 2010).

Cindy Hansen, Nadine Seqright

KYRHA takes great pride in and expresses sincere gratitude for the long standing service – 20 years – of Cindy Hansen. As a health region committed to quality care, KYRHA is no less prideful and appreciative that nearly three quarters of this year's award group have served the health region for a full decade. While filling health care positions in northern Saskatchewan can be challenging at times, long-term stability provided by a dedicated continuous core group of employees enhances and makes the delivery of quality care possible.

Five Years

- Daigneault, Karen (Ile a la Crosse)
- Koskie, Megan (La Loche)
- Lariviere, Ann Doreen (Ile a la Crosse)
- Malbouef, Thelma (Ile a la Crosse)
- Montgrand, Victorina (La Loche)
- Morin, Jocelyn (Ile a la Crosse)
- Park, Mary (La Loche)
- Roy, Charlene (Beauval)
- Roy, Rose (Beauval)
- Welwood, Michael (La Loche)
- Wilkinson, Ryan (La Loche)

10 Years

- Caisse, Shelley (Ile a la Crosse)
- Clarke, Cathy M. (Buffalo Narrows)
- Daigneault, Robert (Ile a la Crosse)
- Daigneault, Roseanne (Cole Bay)
- Dubrule, Robert (Ile a la Crosse)
- Durocher, Peter (Ile a la Crosse)
- Favel, Sharon (Ile a la Crosse)
- Fontaine, Alicia (La Loche)
- Gardiner, Leon (Ile a la Crosse)
- Gauthier, Carl (Beauval)
- Hansen, Jolene (Buffalo Narrows)
- Herman, Dean (La Loche)
- Herman, Simone (La Loche)
- Janvier, Kylie (La Loche)
- Janvier, Louise (La Loche)
- LaLonde, Edward (La Loche)
- Morin, Darryl (Buffalo Narrows)
- Murray, Tamara (Buffalo Narrows)
- Piche, Carol (La Loche)
- Poitras, Michelle (Ile a la Crosse)
- Rediron, Sandy (Beauval)
- Seright, Eva (Buffalo Narrows)
- Seright, Nadine (Buffalo Narrows)
- Shatilla, Cecile (Buffalo Narrows)
- Soloway, Loretta (Beauval)
- Werminsky, Geraldine (Buffalo Narrows)
- Williams, Ronda (Buffalo Narrows)

15 Years

Toulejour, Justine (La Loche)

20 Years

Hansen, Cindy (Buffalo)

Saskatchewan Healthcare Excellence Award

Over a community health career spanning 30 years, focused on seeing that children got their shots, Dorilda Piché went door-to-door to collect immunization consent forms. In March, miles from home in Regina, the La Loche community health educator was collecting again, this time a much deserved 2010 Saskatchewan Healthcare Excellence Award from founding sponsor Dr. Roberta McKay.

"She is the right hand to any public health nurse who works in the La Loche Health Centre," wrote Marcie Garinger in a letter supporting Piché's nomination for the prestigious award. "She keeps track of new births, the number of children in each classroom, where those students live for gathering up consent forms."

Working long hours to help nursing staff with immunization clinics, Piché ensures that patients come to the clinics and provides translation services between staff and community members whose first language is often Dene. She has maintained this constant commitment to community as a mother raising a family, and continues to do so as an active grandmother in the lives of her grandchildren.

Reliable and "a beacon that never stops," Piché has her own system for doing things, added Garinger. But the real key to her success is her knowledge of community.

"Dorilda knows community members very well."

Born and raised in La Loche, Piché has served the community as a health educator for 30 years.

"I started with the village office," said Piché. "Same job just a different name."

Over the years one of her main focuses has been the health of La Loche children, making sure kid's immunizations are "up-to-date."

Why did she resort to going door-to-door to collect consent forms?

"The forms would remain at school," said Piché. "Many would not be signed and kids wouldn't get their shots."

Dorilda Piché, Dr. Roberta McKay

Receiving the award is an honour, said Piché.

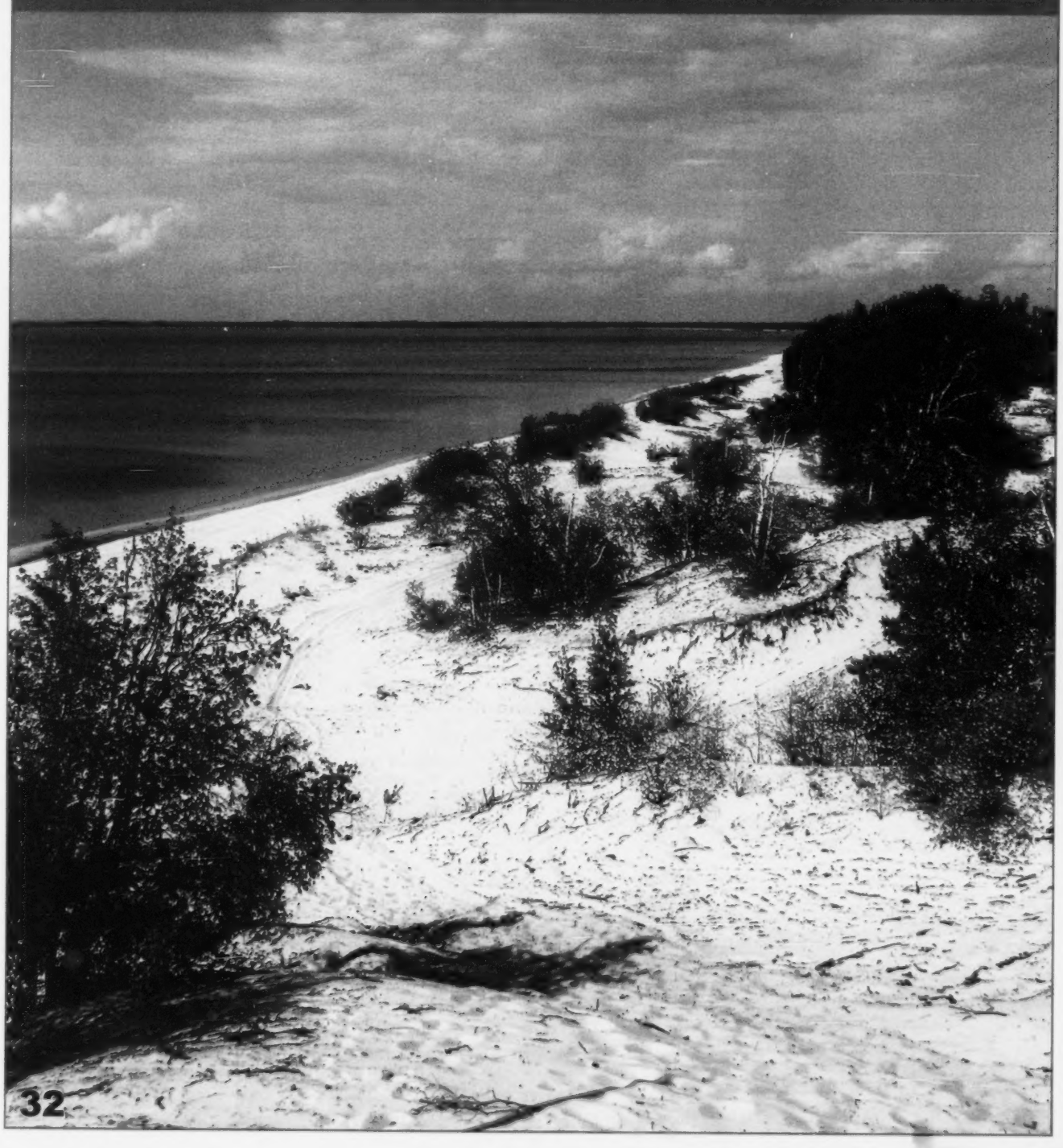
But as she has sustained her career and a passion for that career for 30 years, it's not hard to see that Piché's true reward has been and continues to be the health of her community, La Loche.

"Our mission is the Wholistic Health of Keewatin Yatthé residents, with wholistic health incorporating the belief that the health of a person is tied to the health of the family and the health of the community and vice versa," said KYRHA CEO Richard Petit, "Dorilda Piché has and continues to show the truth in that belief."

Chosen one of nine finalist from across Saskatchewan by the SHEA selection committee, Piché was named winner of the Health of the Population category.

Health of the Population category recognizes individuals or teams who have contributed to improving the overall health outcomes of a community and/or reducing health disparities within the community. The individual or team has engaged the commitment, support and efforts of others within their community (outside their own organization) towards a common goal in order to create a program or service to better meet the needs of the community.

PROGRESS 2010 - 11



GUIDED BY OUR MANDATE. mission and priniciples, following a strategic direction based on community input that meets regional needs, the Keewatin Yatthé Regional Health Authority programs and services align with the Strategic and Operational Directions for the Health Sector in Saskatchewan. Throughout the 2010-11 fiscal year KY has undertaken numerous initiatives in support the of the Five Pillars of Health Care.

Health of the Individual

Improve the individual experience by providing exceptional care and service to customers consistent with both best practice and customer expectations

Staff orientation

To deliver on expectations, staff must know what is expected, prompting the redesign and enhancement of the KYRHA General Staff Orientation Program. As of March 2011, about 93 per cent of full time KY employees received this orientation. The region developed a strategy to complete the remaining seven per cent shortly following this reporting period. The RHA remains committed to providing clear service delivery expectations. This enhanced orientation program continues on a monthly basis to all new employees.

Customer engagement

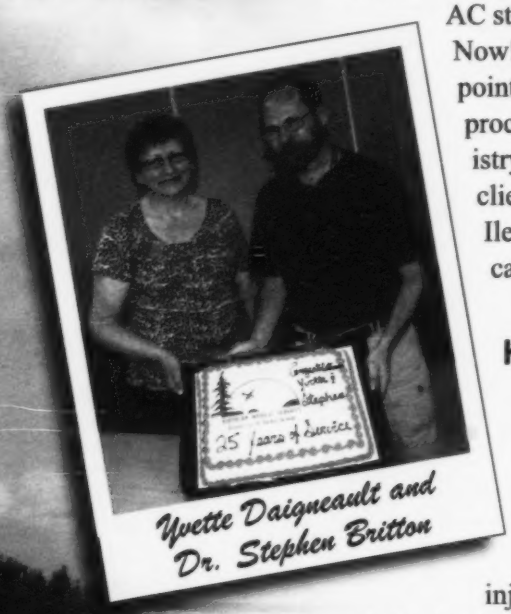
The region worked towards completing commitments in a board approved plan for engaging the customer that includes clear service delivery expectations and region-specific targets for improved customer engagement and satisfaction. The RHA believes that customer engagement ultimately means listening to the customer, and therefore one of the key activities was to host focus group sessions for the residents of the communities in the region. This was a beneficial activity because it provided an opportunity for the RHA to host meetings with region residents and hear both their sincere issues and concerns as well as comments and observations on what good work is being done in the region. The RHA took the opportunity to share quality improvement work being done in the region as well as share about orientation program that all staff were to go through and what is involved in service delivery expectations. The region residents consistently expressed appreciation for the opportunity to meet. Another item in this plan was the establishment of a Long Term Care Advisory Committee in April 2010.

Patient safety

In our commitment to continuously improve health care safety in partnership with patients and families, and in our commitment to ensuring a hospital standardized mortality ratio (HSMR) that is consistent with provincial targets, the RHA was recognized through Accreditation Canada (AC) and provincially for the significant accomplishments in implementation of a board-approved plan for ensuring that the organization is in compliance with relevant Canadian Standards Association (CSA) and Accreditation Canada standards for infection prevention and control.

The RHA's Quality of Care Coordinator and Privacy Office tracks and analyses all incidents in the region including near misses. A report which includes recommendations, is provided to the board on a quarterly basis.

A formal Medication Reconciliation Program which was in compliance with AC standards and consistent with Canada's "Safer Healthcare Now!" campaign to prevent medication errors at patient transition points was successfully implemented by September 2010. The process involved a board approved plan submitted to the Ministry of Health, medication reconciliation implemented in one client services area at admission (St. Joseph's Health Centre in Ile-a-la-Crosse), and a consistent method to monitor the medication reconciliation.



Yvette Daigneault and Dr. Stephen Britton

Health of the Population

Improve population health through health promotion, protection, and disease prevention

Prevention and emergency planning

KYRHA worked to reduce the number of falls and injuries from falls for residents in all long term care facilities through the implementation of a Falls Prevention Program.

Through the Community Advisory Network forum, the RHA continued to work with communities in the development of a Westside Emergency Preparedness Plan.

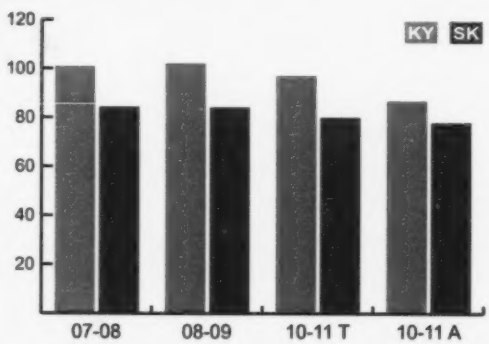
Health disparities

In keeping with one of our foundational principles, the RHA remained committed to the continuing development and enhancement of a Northern Health Strategy (NHS) in cooperation with our northern health partners that enhance the outcomes for the people at the local level. The RHA continued to work

SOD Regional Analysis of Outcome Measures

Initiative: (3.2.1-a) **Sick Time Hours**
Measure: Number of sick time hours per FTE
Target: 5 per cent reduction based on 2008-09 Actual

Sick Time Hours per FTE



	KY	SK
2007-08	100.96	84.35
2008-09	102.14	84.09
2010-11 Target	97.03	80.00
2010-11 Actual	86.73	77.80
Expected % Reduction	**5**	**5**
Realized % Reduction	**15.1**	**4.8**

in collaboration with the Northern Health Strategy. Members of the Northern Health Strategy Working Group work together across jurisdictions in the development of health service delivery and health promotion frameworks. Their mission is to improve the health status of all residents in northern Saskatchewan. Highlights of activities and initiatives to address health disparities specific to northern Saskatchewan and specific to the region are:

- The Land Heals Project
  KYRHA, in partnership with the Northern Health Strategy, hosted the Land Heals Project, from June 4-6, 2010 across the region's communities to raise awareness of diabetes and other chronic conditions;
- Northern Saskatchewan Community Network Inc.
  Focusing on community development for northern Saskatchewan, the RHA supported development of a community development handbook;
- A project of the Northern Health Strategy, the goal of the Northern Chronic Care Coalition (NCCC) is to ease the burden of chronic disease by improving chronic disease management in northern Saskatchewan;
- Northern Health Sector Training Subcommittee
  Working towards training opportunities and a Northern Health Human Resource Strategy.

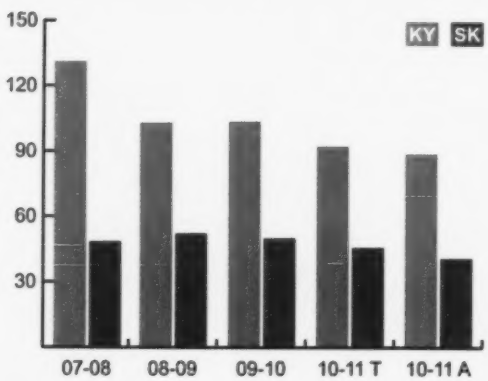
Land Heals Riders Jon/Bev McLean

The Northern Health Strategy has a special place in the heart of KYRHA as the RHA played a significant role in the development of the strategy understanding that in order to successfully impact and address health disparities in the north, one cannot work in silo and that all stakeholders must work together with focus and a collaboration of resources. The RHA worked hard to support the continuing work of NHS, but in March 2011, funding for the program ceased. There will be significant impact with the elimination of the Northern Health Strategy.

SOD Regional Analysis of Outcome Measures

Initiative: (3.2.1-b) **WDP Hours**
Measure: Reduction in wage driven premium hours per FTE
Target: 11 per cent reduction on 2009-10 Projected (11 months data)

Wage-Driven Premium Hours per FTE



	KY	SK
2007-08	131.14	48.46
2008-09	102.95	52.20
2009-10 Prjtd.	103.64	50.07
2010-11 Target	92.25	45.84
2010-11 Actual	88.79	40.6
Expected % Reduction	**11.0**	**11.3**
Realized % Reduction	**14.3**	**21.0**

Providers

Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers

The board reviewed and approved an updated KY Representative Workforce Plan which enhanced the Aboriginal Awareness programs provided in the RHA. Currently over 75 per cent of the workforce declares Aboriginal heritage.

Sustainability

Future State Value Stream Map

Achieve best value for money while improving patient experience

The region worked towards the provincial goal to achieve best value for money while improving the patient experience and population health by implementing "quick start" shared services initiatives to capture immediate cost savings for the health system, the province-wide group purchasing system and supporting the work of shared services.

Supportive Process

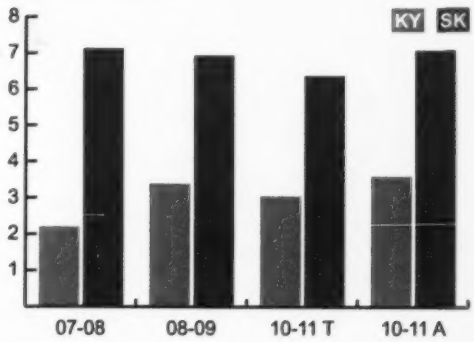
Achieve system-wide performance improvement

Through the adoption of Lean and other quality improvement methodologies KYRHA worked to achieve system-wide performance improvement and culture of quality. The region successfully completed three Lean initiatives which led to improvements in: patient experience gains, staff and safety gains, defect reductions, lead time reductions, productivity gains, and cost avoidance and

SOD Regional Analysis of Outcome Measures

Initiative: (3.2.1-c) **WCB Claims per 100 FTEs**
Measure: Number of lost-time WCB claims per 100 FTEs – Frequency
Target: 12.5 per cent reduction based on 2008-09 Actual

WCB Time Lost Claims



	KY	SK
2007-08	2.20	7.12
2008-09	3.39	6.93
2010-11 Target	3.05	6.37
2010-11 Actual	3.60	7.08
Expected % Reduction	**12.5**	**8.0**
Realized % Reduction	**+ 6.2**	**+ 2.2**

savings. The three initiatives completed

- Client concern handling process,
- Response time to the client concern handling process,
- Transportation and the sterilization and reprocessing process

Other Highlights

Accreditation

The region underwent a Focus Survey from Accreditation Canada on August 10 and 11, 2010 to address 22 Required Organizational Practices that were high criteria requirements which were not successfully met during the Accreditation Survey in February 2010. The surveyors highlighted some special accomplishments observed during the Focus Visit: they commended us on the work done to establish the Ethics Advisory Committee; the morale of the employees; the work on Patient Safety; the work done using the Lean process to improve Client Concern Process and transportation of medical equipment for sterilization, and involving frontline staff in this improvement process; the camaraderie, enthusiasm, and professionalism of the teams; the support of the Deputy Senior Medical Officer and the very evident commitment and compassion shown to the region residents. The region received Accreditation status on March 2011.

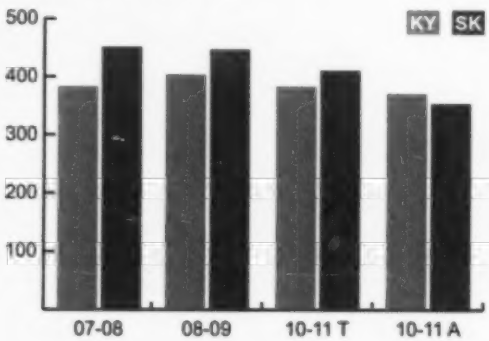
Facility savings

In October 2010, the RHA corporate office moved to a new facility built by Buffalo Narrows Economic Development. The move brought together offices located at three different locations in the community. The move also generated a cost savings.

SOD Regional Analysis of Outcome Measures

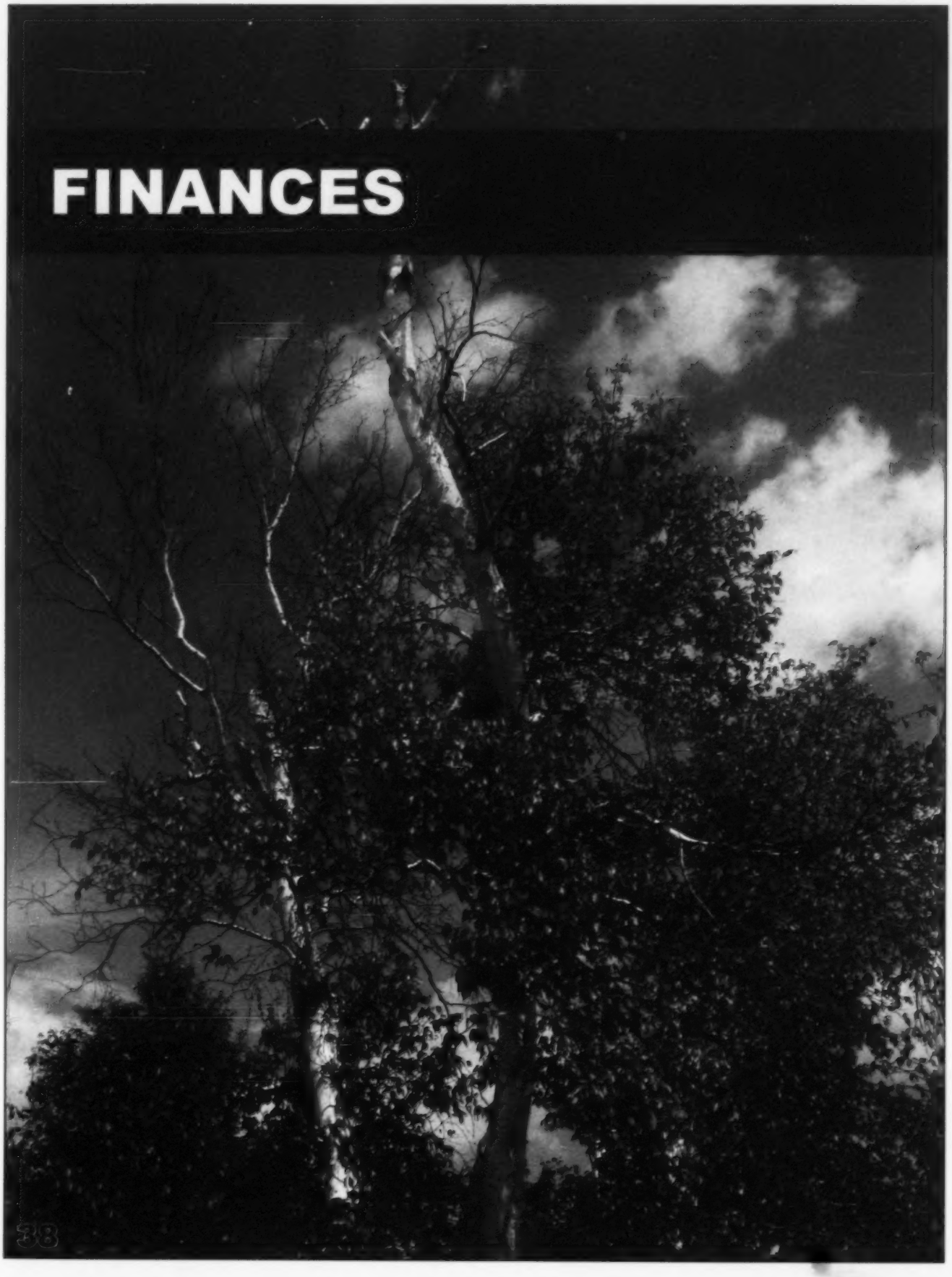
Initiative: (3.2.1-d) **WCB Days per 100 FTEs**
Measure: Number of lost-time WCB days per 100 FTEs – Severity
Target: 5 per cent based on 2008-09 Actual

WCB Time Lost Days



Time Lost Days	KY	SK
2007-08	383.03	451.26
2008-09	404.07	447.17
2010-11 Target	383.87	411.40
2010-11 Actual	371.75	354.46
Expected % Reduction	**5.0**	**8.0**
Realized % Reduction	**8.0**	**20.7**

FINANCES



June 13, 2011

Keewatin Yatthé Regional Health Authority
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Keewatin Yatthé Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

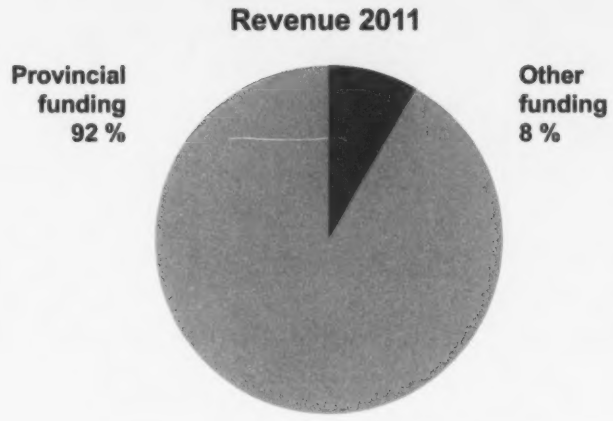
Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

- The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Richard Petit
Chief Executive Officer

Edward Harding
Executive Director of
Finance and Infrastructure



Financial Summary

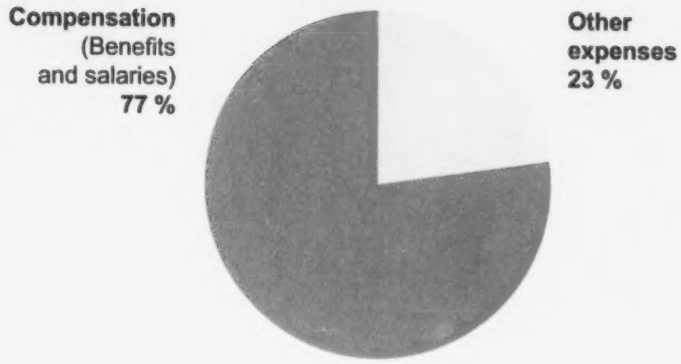
The Keewatin Yatthé Regional Health Authority ended the fiscal year with an operating surplus of $719,019. Coupled with previous years' surpluses, the board of directors approved the moving of $1,392,963 from the operating fund to the capital fund to fund capital issues. Of the amount transferred, $690,208 was used to cover the cost of leasehold improvements for the regional office in Buffalo Narrows. In total, the region spent $1,015,221 for capital assets for the 2010-11 fiscal year.

Actual operating revenues totaled $26.4 million, of which provincial funding accounted for $24.3 million or 92 per cent of the region's total funding. When compared to the 2010-11 budget, Ministry of Health actual funding for the year increased by $1.3 million. The majority of the increase in revenue relates to the settlement of the collective bargaining agreement with the Saskatchewan Government Employees Union.

The actual operating expenses for 2010-11 were $25.7 million, which equates to spending $70,408 per day to deliver health care services within the Keewatin Yatthé region. The $25.7 million in operating expenses represents a 5.37 per cent increase over 2009-10 actual operating expenses. When compared to the 2010-11 budget, actual expenses increased by $1.4 million. The majority of the increase in expenses relates to compensation increases especially relating to the settlement of the collective bargaining agreement with the Saskatchewan Government Employees Union. The delivery of health care is very labour intensive. Of the $25.7 million spent, 77 per cent relates to salaries and benefits paid to employees.

As of March 2011, the operating fund had a working capital surplus of $243,203. The working capital ratio is an indication of an organization's ability to pay its financial obligations in a timely manner. This indicator is calculated as "Current Assets" divided by "Current Liabilities" in the operating fund from the Statement of Financial Position in the audited financial statements.

Expenses 2011



The financial challenges in delivering health care are many and varied. Some of the more prominent issues are as follows:

- The re-engineering of health care services from the "Patient First" perspective.
- Implementing consistent workload standards to ensure safe, effective and quality health care services.
- Ensuring that currently provided services are safe and effective.
- Implementing best practices to address quality of care issues.
- Increasing and changing demands for services by residents of the region.
- Implementing legislative requirements as it relates to occupational health and safety, patients and privacy.
- Inflationary cost pressures as it relates to food, drugs, medical and general supplies, transportation, and heating costs.
- Investing in necessary infrastructure projects and capital equipment replacement.

In order to address these issues, Keewatin Yatthé Regional Health Authority needs to generate moderate surpluses on a consistent basis and continue to enhance successful partnerships with the Ministry of Health and the communities that the region serves.

The Wholistic Health of Keewatin Yatthé Health Region Residents

Keewatin Yatthé Regional Health Authority

Financial Statements 2010 – 11

Independent Auditors' Report

To the Board of Directors of Keewatin Yatthé Regional Health Authority:

We have audited the accompanying financial statements of Keewatin Yatthé Regional Health Authority, which comprise the statement of financial position as at March 31, 2011 and the statements of operations and changes in fund balances, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Keewatin Yatthé Regional Health Authority as at March 31, 2011 and the results of its operations, changes in fund balances and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Prince Albert, Saskatchewan

June 13, 2011

MNP LLP

Chartered Accountants

Keewatin Yatthé Regional Health Authority

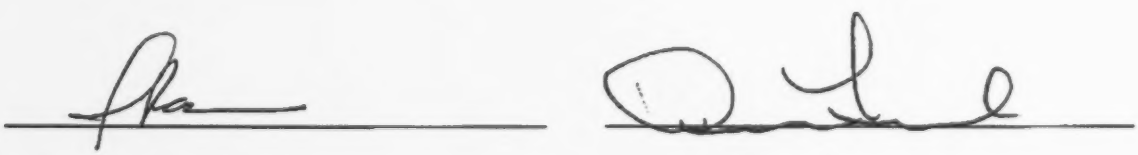
Statement of Financial Position
As at March 31

Statement 1

	Operating Fund	Restricted Capital Fund	Total 2011	Total 2010
ASSETS				
Current assets				
Cash and short-term investments	$ 4,089,434	$ 708,921	$ 4,798,355	$ 5,116,786
Accounts receivable				
Ministry of Health - General Revenue Fund	64,072	380,864	444,936	380,739
Other	572,367	-	572,367	792,930
Inventory	335,811	-	335,811	381,970
Prepaid expenses	144,760	-	144,760	145,107
	5,206,444	1,089,785	6,296,229	6,817,532
Investments (Note 2, Schedule 2)	6,797	1,089	7,886	7,809
Capital assets (Note 3)		24,918,530	24,918,530	25,062,390
Total Assets	$ 5,213,241	$ 26,009,404	$ 31,222,645	$ 31,887,731
LIABILITIES & FUND BALANCES				
Current liabilities				
Accounts payable	$ 1,432,550	$ -	$ 1,432,550	$ 1,284,576
Accrued salaries	760,253	-	760,253	1,292,300
Vacation payable	1,402,522	-	1,402,522	1,336,252
Deferred Revenue (Note 5)	1,367,916	-	1,367,916	1,389,042
	4,963,241	-	4,963,241	5,302,170
Total Liabilities	4,963,241	-	4,963,241	5,302,170
Fund Balances:				
Invested in capital assets	-	24,918,530	24,918,530	25,062,390
Externally restricted (Schedule 3)(Note 9)	-	388,119	388,119	599,227
Internally restricted (Schedule 4) (Note 9)	-	702,755	702,755	-
Unrestricted	250,000	-	250,000	923,944
Fund balances – (Statement 2)	250,000	26,009,404	26,259,404	26,585,561
Total Liabilities & Fund Balances	$ 5,213,241	$ 26,009,404	$ 31,222,645	$ 31,887,731

Commitments (Note 4)
Pension Plan (Note 10)
Contingent Liability (Note 16)

Approved by the Board of Directors



The accompanying notes and schedules are part of these financial statements.

Keewatin Yatthé Regional Health Authority

Statement of Operations and Changes in Fund Balances Statement 2
For the Year Ended March 31

	Operating Fund			Restricted Capital Fund	
	Budget 2011	2011	2010	2011	2010
REVENUES					
Ministry of Health - general	$ 22,706,796	$24,016,044	$22,892,495	$ 110,000	$ 210,500
Other provincial	55,264	279,000	85,000	-	-
Federal government	118,500	172,369	199,000	-	-
Funding from other provinces	-	-	-	-	-
Special funded programs	157,654	207,367	449,869	-	-
Patient fees	1,027,172	1,222,584	1,027,172	-	-
Out of province (reciprocal)	-	-	-	-	-
Out of country	-	-	-	-	-
Donations	1,121	-	1,121	525	49,087
Investment	14,919	31,486	14,919	-	77
Ancillary	-	-	-	-	-
Recoveries	95,717	219,981	165,915	3,380	53,600
Unrealized gain - financial instruments	-	-	-	-	-
Other	106,463	269,175	63,921	-	-
Total revenues	24,283,605	26,418,005	24,899,412	113,905	313,264
EXPENSES					
Province wide acute care services	53,419	57,659	53,419	-	-
Acute care services	8,503,941	9,263,325	8,566,868	129,103	554,981
Physician compensation - acute	60,518	54,658	28,578	-	-
Supportive care services	1,786,373	1,832,079	1,786,372	898,099	513,822
Home based service - supportive care	1,275,275	1,312,096	1,275,275	1,050	983
Population health services	2,494,895	2,753,536	2,621,273	23,606	25,443
Community care services	2,323,568	2,356,417	2,294,710	3,644	1,454
Home Based Services - acute & palliative	-	-	-	-	-
Primary health care services	2,260,114	2,294,208	2,157,580	14,356	10,325
Emergency response services	2,105,560	2,403,827	2,185,722	53,449	52,424
Mental health services - inpatient/residential	517,944	519,977	519,423	-	-
Addictions services - residential	-	-	-	167	6,229
Physician compensation - community	-	-	-	-	-
Program support services	2,672,676	2,757,329	2,753,416	35,607	25,579
Special funded programs	158,072	85,936	79,743	-	-
Ancillary	67,792	7,939	67,792	-	-
Total expenses (Schedule 1)	24,280,146	25,698,986	24,390,171	1,159,081	1,191,240
Excess (Deficiency) of revenues over expenses	3,459	719,019	509,241	(1,045,176)	(877,976)
Fund balances, beginning of year		923,944	414,702	25,661,617	26,539,591
Interfund transfers (Note 13)		(1,392,963)	-	1,392,963	-
Fund balances, end of year		$ 250,000	$ 923,943	$ 26,009,404	$ 25,661,615

The accompanying notes and schedules are part of these financial statements.

Keewatin Yatthé Regional Health Authority

Statement of Cash Flow
For the Year Ended March 31

Statement 3

Cash Provided by (used in):	Operating Fund 2011	Operating Fund 2010	Restricted Capital Fund 2011	Restricted Capital Fund 2010
	Operating Activities		Financing and Investing Activities	
Excess (deficiency) of revenue over expenditure	$ 719,019	$ 509,241	$ (1,045,176)	$ (877,976)
Net change in non-cash working capital (Note 6)	(136,052)	(145,184)	(82)	(142,764)
Amortization of capital assets	-	-	1,159,081	1,175,845
Investment income on long-term investments	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	-	15,395
	582,967	364,057	113,823	170,500
Purchase of capital assets				
Buildings/construction	-	-	(719,927)	(41,515)
Equipment	-	-	(295,294)	(217,675)
Proceeds on disposal of capital assets				
Buildings	-	-	-	-
Equipment	-	-	-	-
Purchase of long-term investment	-	-	-	-
	-	-	(1,015,221)	(259,190)
Repayment of debt	-	-	-	-
Net increase (decrease) in cash & short term investments during the year	582,967	364,057	(901,398)	(88,690)
Cash & short term investments, beginning of year	4,899,430	4,535,373	217,356	306,046
Interfund transfers (Note 13)	(1,392,963)	-	1,392,963	-
Cash & short term investments, end of year (Schedule 2)	$ 4,089,434	$ 4,899,430	$ 708,921	$ 217,356

The accompanying notes and schedules are part of these financial statements.

Notes to the Financial Statements
As at March 31, 2011

1. Legislative Authority

The Keewatin Yatthé Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Keewatin Yatthé Health Region, under section 27 of *The Act*. The Keewatin Yatthé RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Fund Accounting

The accounts of the Keewatin Yatthé Regional Health Authority are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

b) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

Notes to the Financial Statements
As at March 31, 2011

c) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2½% to 5%
Leasehold improvements	5%
Equipment	5% to 33%

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined).

d) Inventory

Inventory consists of general stores and pharmacy. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

e) Pension

Employees of the Keewatin Yatthé Regional Health Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Keewatin Yatthé Regional Health Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Keewatin Yatthé Regional Health Authority expenses all contributions it is required to make in the year.

f) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

g) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

Notes to the Financial Statements
As at March 31, 2011

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2011 (2010 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

Notes to the Financial Statements
As at March 31, 2011

3. Capital Assets

	March 31, 2011			March 31, 2010
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 115,000	$ -	$ 115,000	$ 115,000
Buildings / Leasehold Improvements	27,712,316	(5,084,313)	22,628,003	23,344,629
Equipment	5,724,858	(3,549,331)	2,175,526	1,602,761
	$ 33,552,174	$ (8,633,644)	$ 24,918,530	$ 25,062,390

4. Commitments

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2012	$ 341,374
2013	341,374
2014	341,374
2015	341,374
2016	341,374

Notes to the Financial Statements
As at March 31, 2011

5. Deferred Revenue

	Balance Beginning of Year	Add Amount Received	Less Prior Amount Recognized	Less Current Amount Recognized	Balance End of Year
Sask Health Initiatives					
Aboriginal Awareness Training	$ 12,200	$ -	$ (1,614)	$ -	$ 10,586
Autism Framework & Action Plan	75,000		(815)		74,185
Patient Family Centered Care	-	10,000			10,000
Childrens Mental Health Services	49,269		(30,000)		19,269
Diabetes Educator	-	31,346		(31,346)	-
Health Quality Council - Lean Funding	119,072		(56,310)		62,762
HIPA	26,175		(4,659)		21,516
Home Care STA	10,238				10,238
Case Mgt Training	15,000		(8,523)		6,477
Mentorship July 1-Nov 30/08	10,900				10,900
Nurse Management Compression	-	27,395			27,395
Nurse Recruitment	176,309		(1,154)		175,155
Nursing Safety Training Initiative	13,324				13,324
OOS Lifestyle	-	15,000			15,000
Pharmacist	20,000				20,000
PC-Team Development NP- ILX, LL, BN - Exp's	56,008				56,008
Primary Care ILX LLCH - Compensation	229,492				229,492
New Alcohol & Drug Initiatives	199,328		(18,178)		181,150
Quality Workplace	26,423		(9,814)		16,609
Safety Training	10,569				10,569
Sask Housing Capital Fund Ref	38,285				38,285
Surgical Initiative	-	38,745			38,745
Team Development (Facilitator Position)	164,429		(7,068)		157,361
Workforce Planning Initiative 2007/08	28,848				28,848
Workforce Planning Initiative 2008/09	35,062				35,062
Total Sask Health	1,315,931	122,486	(138,135)	(31,346)	1,268,936
Non Sask Health Initiatives					
Palliative Care Room Ile a la Crosse	-	661			661
Cognitive Disabiltiy	53,502				53,502
Diabetes Relay	-	3,634			3,634
Infection Control Population Health	-	10,523			10,523
Mamawetan Churchill River RHA	19,609				19,609
Sask Housing Capital Fund	-	11,051			11,051
Total Non Sask Health	73,111	25,869			98,980
Total Deferred Revenue	$1,389,042	$148,355	($138,135)	($31,346)	$1,367,916

Notes to the Financial Statements
As at March 31, 2011

6. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Capital Fund	
	2011	2010	2011	2010
(Increase) Decrease in accounts receivable	$ 156,371	$ (14,677)	$ (5)	$ 9,608
(Increase) Decrease in inventory	46,159	(27,727)	-	-
(Increase) Decrease in prepaid expenses	347	(64,408)	-	-
(Increase) Decrease in financial instruments	-	(2,140)	(77)	-
Increase (Decrease) in accounts payable	147,974	(785,518)	-	(152,372)
Increase (Decrease) in accrued salaries	(532,047)	1,060,040	-	-
Increase (Decrease) in vacation payable	66,270	(297,043)	-	-
Increase (Decrease) in deferred revenue	(21,126)	(13,711)	-	-
	$ (136,052)	$ (145,184)	$ (82)	$ (142,764)

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2011, was $20,850 (2010 - $18,255). These amounts are not reflected in the financial statements.

8. Related Parties

These financial statements include transactions with related parties. The Keewatin Yatthé Regional Health Authority is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Regional Health Authority is related to other non-Government organizations by virtue of its economic interest in these organizations.

Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In Addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

Notes to the Financial Statements
As at March 31, 2011

	2011	2010
Accounts Payable		
Ile a la Crosse School Division	$ 10,912	$ -
Mamawetan Churchill River Regional Health Authority	-	82,540
Prairie North Regional Health Authority	28,940	111
Saskatchewan Association of Health Organizations	49,925	62,030
Saskatchewan Government Services	-	37,806
Saskatchewan Health Employee Pension Plan	130,869	116,713
Saskatchewan Workers' Compensation Board	122,995	182,882
Saskatchewan Telecommunications	39,262	16,488

	2011	2010
Expenses		
Ile a la Crosse School Division	$ 109,977	$ 344,624
Mamawetan Churchill River Regional Health Authority	304,778	110,640
North Sask Laundry	109,076	102,422
Northlands College	-	10,691
Prairie North Regional Health Authority	100,234	197,434
Public Employees Pension Plan	58,428	64,810
Saskatchewan Association of Health Organizations	761,755	716,389
Saskatchewan Government Insurance	19,343	91,460
Saskatchewan Government Services	696,169	780,503
Saskatchewan Health Employee Pension Plan	1,801,142	1,104,731
Saskatchewan Housing Corporation	-	3,842
Saskatchewan Power Corporation	137,769	123,574
Saskatchewan Telecommunications	259,492	213,173
Saskatchewan Worker's Compensation Board	143,509	317,260
Saskatoon Regional Health Authority	5,630	-

	2011	2010
Accounts Receivable		
Ile a la Crosse School Division	$ 26,552	$ 81,178
Saskatoon Regional Health Authority	6,232	-
Saskatchewan Health Northern Transportation	73,053	122,243
Senior's Cap Program Benefits	35,973	33,451
Mamawetan Churchill River Health Region	10,523	30,412
Saskatchewan Coronor's Branch	4,433	-
Saskatchewan Government Employees Union	-	6,350
Saskatchewan Government Insurance	20,067	9,440
Saskatchewan Worker's Compensation	422	-

	2011	2010
Revenue		
Saskatchewan Health Northern Transportation	$ 410,249	$ 303,809
Saskatchewan Association of Health Organizations	324,509	85,000
Saskatchewan Government Insurance	40,740	26,324
Saskatoon Regional Health Authority	5,199	-
Senior Citizens' Ambulance Assistance Program	48,935	29,138

Notes to the Financial Statements
As at March 31, 2011

9. Correction of Prior Period Figures

"Fund balances" as at March 31, 2010 as reported on Statement 1 have been reclassified from internally restricted to externally restricted. Restricted funds, beginning of year as reported on Schedules 3 and 4 of the financial statements have been reclassified from internally restricted funds to externally restricted funds. This correction of the prior period figures is the result of an analysis of prior period capital grants from the Ministry of Health and donations intended for Ile a la Crosse. This does not impact the "Excess (Deficiency) of revenues over expenses" as shown on Statement 2.

10. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. **Saskatchewan Healthcare Employees' Pension Plan (SHEPP)** - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. **Public Service Superannuation Plan (PSPP)** (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. **Public Employees' Pension Plan (PEPP)** (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the RHA contributions amount below.

Information on pension plans:

	2011				2010
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	249	-	8	257	287
Member contribution rate, percentage of salary	7.2-9.6%*	-	6.00-7.00%*	-	-
RHA contribution rate, percentage of salary	8.06-10.75%*	-	6.45-7.00%*	-	-
Member contributions (thousands of dollars)	844	-	30	874	1,160
RHA contributions (thousands of dollars)	945	-	32	977	1,160

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absense as of March 31, 2011. Inactive members are transferred to SHEPP and are not included.

Notes to the Financial Statements
As at March 31, 2011

11. Budget

The RHA Board approved the 2010-11 operating and capital budget plans on June 13, 2010.

12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

d) Operating Line-of-Credit

The RHA has a line-of-credit limit of $500,000 (2010 - $500,000) with an interest charged at prime. The line-of-credit is non-secured. Total interest paid on the line-of-credit in 2011 was $0 (2010 - $0). This line-of-credit was approved by the Minister in 1999.

Notes to the Financial Statements
As at March 31, 2011

13. Interfund Transfers

Each year, the Regional Health Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2011		2010	
	Operating Fund	Capital Fund	Operating Fund	Capital Fund
Capital Asset Purchases	($1,392,963)	$1,392,963	$ -	$ -

14. Volunteer Services

The operations of the Keewatin Yatthé Regional Health Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

15. Future Accounting Changes

The Canadian Institute of Chartered Accountants approved an amendment to require Government Not-For-Profit Organizations reporting under Section 4400 of the CICA Handbook to move to reporting under Sections 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. The impact of this change is expected to be minimal at this point in time.

16. Contingent Liabilities

The retail pharmacy of operation of the region was discontinued in 2007. Health Canada has audited the operations for the period March 1, 2005 to January 31, 2007 to determine if there was any overbilling by the Region. At present the results of the audit are indeterminable.

Keewatin Yatthé Regional Health Authority

Schedule of Expenses by Object
For the Year Ended March 31

Schedule 1

	Budget 2011	Actual 2011	Actual 2010
Operating:			
Board costs	$ 108,299	$ 114,312	$ 108,299
Compensation - Benefits	2,641,320	3,027,885	2,633,642
Compensation - Salaries	16,175,238	16,822,856	16,012,239
Diagnostic imaging supplies	20,347	18,894	20,347
Drugs	219,653	292,002	236,996
Food	255,006	282,463	286,501
Grants to ambulance services	-	-	-
Grants to third parties	144,706	143,825	138,166
Housekeeping and laundry supplies	170,139	118,332	170,139
Information technology contracts	33,152	12,693	33,152
Insurance	94,663	89,725	96,215
Interest	1,112	514	1,112
Laboratory supplies	155,678	182,860	155,678
Medical and surgical supplies	323,754	344,348	333,631
Medical remuneration and benefits	728,613	899,456	894,725
Office supplies and other office costs	303,150	279,870	307,096
Other	724,457	578,607	784,993
Contracted-out services – other	7,036	28,436	7,036
Professional fees	237,173	143,433	59,031
Prosthetics	-	-	-
Purchased services	103,971	278,946	256,357
Rent/lease costs	810,273	796,516	819,643
Repairs and maintenance	177,028	200,558	177,028
Service contracts	74,067	166,400	74,067
Travel	458,883	485,853	471,810
Utilities	312,427	390,202	312,268
	$ 24,280,146	$ 25,698,986	$ 24,390,171
Restricted:			
Amortization		$ 1,159,081	$ 1,175,845
Loss/(Gain) on disposal of fixed assets		-	15,395
Mortgage Interest Expense		-	-
Other		-	-
		$ 1,159,081	$ 1,191,240

Keewatin Yatthé Regional Health Authority

Schedule of Investments
As at March 31, 2011

Schedule 2

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Innovation Credit Union	$ 118		Prime - 2 1/4%	
Chequing Innovation Credit Union	708,803			
	$ 708,921			
Term Deposits:				
	-			
	$ -			
Total Cash & Short Term Investments	$ 708,921			
Long Term				
Innovation Credit Union Equity	$ 1,089			
Total Long Term Investments	$ 1,089			
Total Restricted Investments	$ 710,010			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings - Innovation Credit Union	$ 3,888,534		Prime - 2 1/4%	
Term Deposit Innovation Credit Union	200,000			
Petty Cash	900			
Total Cash & Short Term Investments	$ 4,089,434			
Long Term				
Innovation Credit Union Equity	$ 6,797			
Other	-			
Other	-			
Total Long Term Investments	$ 6,797			
Total Unrestricted Investments	$ 4,096,231			
Total Investments	$ 4,806,241			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 4,798,355			
Total Long Term	7,886			
Total Investments	$ 4,806,241			

* Restricted investments consist of:

- Community generated funds transferred to the RHA and Ministry of Health capital grants as noted on Schedule 3, and
- RHA accumulated surplus transferred from the Operating Fund as noted on Schedule 4.

Keewatin Yatthé Regional Health Authority

Schedule of Externally Restricted Funds
For the Year Ended March 31, 2011

Schedule 3

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Ministry of Health Capital Grants	$ 545,627	$ -	$ 110,000	$ -	$ (325,013)	$ 330,614
Ile a la Crosse Donations	53,600	3,905	-	-	-	57,505
Total Externally Restricted Funds	$ 599,227	$ 3,905	$ 110,000	$ -	$ (325,013)	$ 388,119

Keewatin Yatthé Regional Health Authority

Schedule of Internally Restricted Fund Balances
For the Year Ended March 31, 2011

Schedule 4

	Balance Beginning of Year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance End of Year
Future Capital Projects	$ -	$ -	$ 1,392,963	$ -	$ (690,208)	$ 702,755

Keewatin Yatthé Regional Health Authority

Schedule of Board Member Remuneration
For the Year Ended March 31, 2011

Schedule 5(a)

	2011							2010
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Chair Person								
Georgina Jolibois	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 29,257
Tina Rasmussen	10,460	6,675	3,654	7,242	975	1,034	30,041	800
Members								
Gloria Apesis	-	2,000	1,983	3,225	-	197	7,405	5,070
Elmer Campbell	-	2,200	1,666	2,688	-	191	6,745	11,024
Duanne Favel	-	3,050	2,089	3,480	775	254	9,648	10,717
Barbara Flett	-	4,100	2,333	4,642	950	318	12,344	10,877
Tina Rasmussen	-	-	-	-	-	-	-	12,972
Robert Woods	-	3,975	2,699	4,514	475	318	11,982	12,077
Bruce Ruelling	-	2,200	1,036	1,565	-	13	4,814	-
Kenneth T Iron	-	2,025	924	1,380	-	-	4,328	-
Total	$ 10,460	$ 26,225	$ 16,385	$ 28,735	$ 3,175	$ 2,327	$ 87,307	$ 92,794

Schedule of Senior Management Remuneration
For the Year Ended March 31, 2011

Schedule (5b)

	2011					2010		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Richard Petit, CEO	$ 122,246	$ 9,620	$ 131,866	$ -	$ 131,866	$ 133,913	$ -	$ 133,913
Elaine Malbeuf, Executive Director	106,938	7,282	114,220	-	114,220	111,386	-	111,386
Zachery Solomon, CFO	56,016	5,267	61,283	-	61,283	31,441	-	31,441
Zachery Solomon, Executive Director	-	-	-	-	-	94,324	-	94,324
Rowena Materne, Executive Director	104,526	11,490	116,016	-	116,016	108,348	-	108,348
Mark Cook, CFO	-	-	-	-	-	175,224	-	175,224
Edward Harding, CFO	33,849	1,560	35,409	-	35,409	-	-	-
Girija Nair, Executive Director	82,485	7,976	90,461	-	90,461	-	-	-
Wendy Ericson-Lemaigre, Executive Director	-	-	-	-	-	18,781	-	18,781
Total	$ 506,060	$ 43,195	$ 549,255	$ -	$ 549,255	$ 673,417	$ -	$ 673,417

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

APPENDICES

Keewatin Yatthé RHA Organizational Chart

KYRHA Board Committees

Board of Directors

Executive Support

Chief Executive Officer

Senior Medical Officers

Executive Director Health Services

Executive Director Community Health Development

Executive Director Finance & Infrastructure

Executive Director Corporate Services

- Population Health Services
- Acute Care & Clinical Services
- Emergency Response & Medical Transport

- Community Development
- Mental Health
- Addictions Services

- Finance
- Facilities
- Information Technology

- Human Resources
- Communications
- Quality Improvement
- Board Development

Girija Nair

Tracy Tinker
(Acting Director)

Edward Harding

Rowena Materne

Payee Disclosure List
For the year ended March 31, 2011

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Aguinaldo, Rosalina	$ 155,236
Aubichon, Cheryl	61,693
Awula, Lydia	152,409
Ball, Susan	63,388
Ballantyne, Betsy	106,730
Birkham, Joelle	83,715
Brunelle, Elizabeth	141,311
Campbell, Deborah	77,164
Chartier, Paul	93,186
Clarke, Cathy M	62,623
Clarke, Crystal	101,950
Clarke, Iris	96,250
Clarke, Jacquelin	79,915
Corrigal, Anna	99,241
Daigneault, Diania	58,273
Daigneault, Lena	56,186
Daigneault, Robert	76,168
Daigneault, Samantha	59,067
Dennis, Lorraine	88,172
Desjarlais, Denise	86,035
Desjarlais, Marieadel	51,758
D'souza, Elton	104,882
Dubrule, Louis	57,413
Durocher, Marlena	115,090
Durocher, Martin	74,109
Elliott, Hilda	54,233
Favel, Cecile	67,082
Favel, Dennis	55,824
Figurasin, Hyacinth	132,989
Fontaine, Alicia	67,773
Forde, Maudlin	99,864
Gardiner, Brenda	51,989
Gardiner, Leona	52,302
Gardiner, Melanie	88,746
Gardiner, Robert	59,071
Gardiner, Sheri	81,809
Garinger, Marcie	95,897
Gibbons, Edith	113,940
Gordon, Calla	74,342
Hansen, Bertha	53,831
Hansen, Cindy	70,578
Hansen, Rae-Ann	55,877
Hanson, Brenda	81,119
Herman, Dean	100,064
Herman, Judy	67,382
Herman, Kevin	58,744
Herman, Marilyn	54,219
Herman, Melinda	66,849
Herman, Monique	59,926
Herman, Simone	96,867
Hodgson, Roberta	66,820
Hurd, Shelly	99,499
Isravel, Kasthuri	130,610
James, Anju	98,112
Janvier, Antoinett	61,432
Janvier, Betty	52,944
Janvier, Edwina	60,243
Janvier, Joanne	53,625
Janvier, Kylie	77,766
Janvier, Louise	50,689
Janvier, Rita	52,838
Jose, Sunny	114,929
Joseph, Rani	136,411
Kalathiparambil, Sam	71,408
Kilfoyl, Geordie	51,426
Kimbley, Sharon	115,503
Kissick, Margaret	84,066
Klyne, Joseph	73,355
Koskie, Megan	101,074
Kumar, Seema	108,415
Lafleur, Leanne	81,688
Laliberte, Marie	54,399
Lariviere, Ann	132,274
Lariviere, Priscilla	94,803
Lemaigre, Antoinett	81,433
Lemaigre, Jessie E	54,388
Lemaigre, Rosanne	106,420
Listoe, Eileen	112,854
Malbeuf, Elaine	114,221
Mani, Mini	148,786
Materne, Rowena	116,016
Mathew, Tom	115,385
Maurice, Beatrice	50,962
Maurice, Linda	52,936
McCallum, Lyndsay	68,557

Personal Services (continued)

McDermott, Thomas	93,642
McGaughey, Calvin	80,912
Midgett, Lori	133,197
Misponas, Evelyn	50,922
Montgrand, Glenda	88,921
Montgrand, Victorina	60,182
Morin, April	97,715
Morin, Ida	84,834
Morin, Lynn	56,820
Muthiah, Grace	109,433
Nair, Girija	90,461
Octubre, Penafranc	73,227
Paul, Virgil	70,780
Pedersen, Phyllis	101,334
Pelletier, Earl	72,265
Perreault, Armande	80,896
Petit, Melissa	51,027
Petit, Richard	131,866
Piche, Carol	76,413
Rawal, Indermoha	69,246
Rediron, Sandy	116,644
Reigert, Cindy	95,392
Riemer, Ann	71,307
Roy, Charlene	50,241
Roy, Jocelyn	63,384
Roy, Lorraine	83,790
Savoury, Helen	80,515
Seright, David	85,051
Seright-Gardiner, Pearl	136,226
Shatilla, Dennis	66,884
Solomon, Zachery	61,284
Striker, Bertha	58,196
Taylor, Patricia	175,099
Taylor, Sharon	61,659
Thompson, Marlene	110,999
Tinker, Tracy	88,249
Toulejour, Justine	56,167
Tschigerl, Carla	74,084
Turner, Patricia	60,279
Varghese, Jisha	127,832
Wagenaar, Mathilda	52,950
Wallace, Robin	128,855
Welwood, Michael	58,524
Werminsky, Geraldine	53,964
Wierzbicki, Nyle	91,641
Wilkinson, Ryan	75,904
Wilson, Debra	53,290
Woods, Doris	75,315
Yew, Theresa	52,751

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Prairie North Regional Health Authority	$ 89,868.71
Cherry Insurance	86,113.00
The Great West Life Assurance Co.	101,065.15
Hospira Healthcare Corp.	73,718.60
Human Resources Services Ltd.	51,267.95
Ile a la Crosse School Division	109,976.75
Ile a la Crosse Development Corp	80,160.00
Johnson & Johnson Medical Products	72,766.72
Kaizen Institute Lean Advisors	55,846.12
Klypak Rusick Architects	62,062.18
Labine, Gerald Dr.	52,689.95
North Sask Laundry	103,934.59
La Loche Non-Profit Housing Corp	79,166.00
M.D. Ambulance Care Ltd.	62,550.00
Mamawetan Churchill River Region	304,778.00
Marina Development Northwest Ltd.	83,096.04
Marsh Canada Limited	54,386.00
McKesson Canada	185,692.57
Medtronic of Canada Limited	59,380.46
Miners Construction Co. Ltd.	541,517.55
Meadow Lake Tribal Council	106,187.37
Motorola Canada Ltd.	83,000.45
Muench, Lyla	74,577.35
Nightingale Nursing Group (2009)	177,481.28
Public Employees Pension Plan	55,931.40
Piche's Security	96,579.00
The Receiver General for Canada	5,032,325.52
Saho-Core Dental Plan	169,431.72
Saho-Disability Income Plan	138,371.10
Saho-I/S En Dental Ex Health Plan	355,451.08
Saho	63,921.54
Schaan Healthcare Products	140,441.46
Sysco Serca Food Services Inc	218,426.32
SGEU - Ltd.	81,864.16
SGEU	98,402.75
Sask Healthcare Employees Pension	1,670,177.86
Sask. Power	135,885.09
Sasktel	252,497.03
Source Office Furnishings	53,056.06
The Minister of Finance	280,227.45
The Minister of Finance	370,383.93
SUN	52,896.91
Supreme Basics Office Products	53,885.25
The North West Company	103,365.30
University of Manitoba	119,513.82
Saskatchewan Workers' Comp Board	143,509.36